

FILED JAN 19 1945

Registration District No. 208

Primary Registration District No. 5760

Registrar's No. 72

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Fabius Township, near Mark Station
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion 64
 (c) City or town Fabius Township, near Mark Station
(If outside city or town limits, write "RURAL") 1
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Berneice Fishback

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 30
 year 1944 hour 10 minute 50 A. M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

Immediate cause of death Verdict of Jury: Duration

6. (b) Name of husband or wife Franklin Fishback 6. (c) Age of husband or wife if alive _____ years

When the automobile in which they were traveling was struck by a C.B. & Q. train No. 75 at a grade crossing near Mark Station Mo., at 10:49 A.M.
 Due to _____
 Due to December 30, 1944

7. Birth date of deceased November 30, 1909
(Month) (Day) (Year)

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>1</u>		_____ hr. _____ min.

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business XX

MOTHER FATHER { 12. Name Arthur C. Bronestine

13. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ester M. Finer

15. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant A.H. Roberts

(b) Address LaGrange Missouri

17. (a) Removal (b) Date thereof 12/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Grove Canton Mo.

18. (a) Signature of funeral director Wm M. Smith
 (b) Address 902 Broadway Hannibal Missouri

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 12/30/44
 (c) Where did injury occur? R.R. Crossing, near Mark Station
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

19. (a) 1-3-45 (b) Mrs. Margaret Madlaf
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury Struck by train
 23. Signature Wm M. Smith (Coroner or other)
 Address 902 Broadway Hannibal Mo Date signed 1/3/45

JAN 15 1945

JAN 22 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed George T. Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.