. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9120

State File No.

Registration District No. 42 Primary Registration District No. 1600 Registrar's No. 329

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Meth. Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days (Specify whether

In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2119 Ashland Ave (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sadie Fisher Kessels

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 17 (Day) 1877 (Year)

8. AGE: Years 67 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Columbiana (City, town, or county) Ohio (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name John Fisher
13. Birthplace Columbiana (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Matilda Wunderlire
15. Birthplace Columbiana (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Harry Kessels

(b) Address St Joseph Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-45 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph Mo

19. (a) 3-26-45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1945 hour 5 minute 45 P M.

21. I hereby certify that I attended the deceased from Mch 6, 1945, to Mch 22, 1945 that I last saw her alive on March 22, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death C.A. of breast & general metastases — Duration 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 60
Of autopsy 0

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature H W Paul (M. D. ~~or other~~)

Address St Joseph Mo Date signed 3-24-45

1377

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, Mo.

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.