

No. 2
1-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4098**

FILED FEB 17 1947
Registration District No. **42**

Primary Registration District No. **5133**

Registrar's No. **201**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **Easton "Rural" Marion**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. F. D. # 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether)

In this community **Lifetime** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **Rural Easton**
(If outside city or town limits, write "RURAL")

(d) Street No. **R. F. D. # 2**
(If rural, give location)

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

If yes, name country *****

3. (a) PRINT FULL NAME **Francis Xavier Fisher**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **5**
year **1947** hour **10** minute **A.** M.

21. I hereby certify that I attended the deceased from
Feb 5th 19**47** to _____ 19____;

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Insufficiency** *Duration*

4. Sex **Male** **5. Color or race** **White**

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

6. (b) Name of husband or wife **Anna Mary**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **December 3 1886**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	2	2	hr. _____ min.

9. Birthplace **Easton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Own**

MOTHER FATHER

12. Name **Henry Fisher**

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

14. Maiden name **Bertna Wenger**

15. Birthplace **Wilkes Barre Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Mary Fisher**

(b) Address **Easton, Missouri**

17. (a) Burial (b) Date thereof **Feb. 8, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph's Cem. (Easton)**

18. (a) Signature of funeral director *Herwald A. Siedel*

(b) Address **1802 Union St. St. Joseph, Mo.**

19. (a) 2-12-47 (b) *L. C. Jenkins*
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

- Underline the cause to which death should be charged statistically.

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

(a) 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? _____

23. Signature *B. W. Tadlock* **Coroner**
(Specify type of place) **3** (e) Means of injury _____
(M. D. or other)

Address **KING HILL BLDG** **St. Joseph, Mo.** **Date signed** **2/14/47**

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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 Elmer Thomas

Licensed Embalmer No. 2640

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.