No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25223

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 234

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps 94
(c) City or town St. James 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JAMES NEWTON FISK

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 25, (Day) 1880 (Year)

8. AGE: Years 66 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Oneida (City, town, or county) Kansas (State or foreign country)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Jack Fisk
13. Birthplace Wilson County, (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Hattie Dufield
15. Birthplace Woodstock (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cem., Crystal Lake, ILL.
18. (a) Signature of funeral director Warner Funeral Service
(b) Address Crystal Lake, Illinois.
19. (a) 7-12-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1947 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from March 8, 1947, 19, to March 30, 1947, 19; that I last saw him alive on March 30, 1947, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature George W Reeves (M. D. or other) M.D.
Address Farmington Mo Date signed 4/2/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 747-954

Date Filed 7-21-47

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 Paul L Dugal

Licensed Embalmer No. 4120

P. O. Address Lexington 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.