

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40922**

FILED JAN 12 1948

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1544**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 min.
(Specify whether
In this community 20 min.
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. 435 E. Moose St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

Name of Inter-Samuel David Fattig
FULL NAME Baby Boy Fattig

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 27 47
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0 hr. 20 min.</u>

9. Birthplace St. Joseph Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Newborn

11. Industry or business _____

MOTHER FATHER
12. Name Fattig, Peter Adolph
13. Birthplace Wathena Kansas
(City, town, or county) (State or foreign country)
14. Maiden name McNeese, Hazel Edna
15. Birthplace Denver Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Fattig
(b) Address 115 E. Moose, C.P.Ty
17. (a) Burial (b) Date thereof Dec. 29, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director F.P. Sidenfaden
(b) Address 602 South 10th Street

19. (a) 1-2-48 (b) E. E. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1947 hour 3:40 minute P M.
21. I hereby certify that I attended the deceased from 12/27, 1947, to 12/27, 1947
that I last saw him alive on 12/27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Delectasesis -
Due to Penetrating Snow.

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

Major findings: 159
Of operations _____
Of autopsy _____

Duration

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 _____
23. Signature Frank E. Sidenfaden (M. D. or other)
Address 670 Morris St. Date signed 12/27/47

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Did Not Embalm
Mollie E. Sidenfaden
.....
Licensed Embalmer No. *#235*

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.