

FILED AUG 12 1946

Registration District No. 42

Primary Registration District No. 1000

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

25161

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 hrs.
(Specify whether 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. 1225 Corby St.
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Donald Fisher

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

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

6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: (Month) 8 (Day) 5 (Year) 1900

8. AGE: Years 0 Months 0 Days 0 If less than one day 5 hr. 0 min.

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

10. Usual occupation New born.

11. Industry or business None

MOTHER { 12. Name Abuel Louis Fisher
 13. Birthplace Chicago, Ill. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Kathleen Sarah Watson
 15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Kathleen Sarah Fisher
 (b) Address 1225 Corby St., City.

17. (a) Burial (b) Date thereof Aug. 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hurlinger, Missouri.

18. (a) Signature of funeral director Herward W. Sedufadu.
 (b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Aug. 7, 1946 (b) H. J. Nestlebusch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
 year 1946 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 5, 1946 to Aug 5, 1946
 that I last saw him alive on Aug 5, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
 Due to one of twins
 Due to 6mo gestation
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 1 159
 Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (2) Means of injury
 23. Signature Ch Grant M.D. or other MD
 Address St. Joseph, Mo. Date signed 8-5-46

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

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.....

NOT EMBALMED

Licensed Embalmer No.....

P. O. Address.....

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.