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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1945
Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1605

State File No. 9084

Registrar's No. 365

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's Hospital (If not in hospital or institution, write street number or location) 5
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 75 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Easton (If outside city or town limits, write "RURAL") 11
(d) Street No. Rural (If rural, give location) 6
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Jane Fisher

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Peter J. Fisher

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased July (Month) 4 (Day) 1865 (Year)

8. AGE: Years 79 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Rochester (City, town, or county) New York 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name Charles McLarney

13. Birthplace Unknown (City, town, or county) Ireland 11 (State or foreign country)

14. Maiden name Ellen Corrigan

15. Birthplace Unknown (City, town, or county) Ireland 10 (State or foreign country)

16. (a) Informant Rita Fisher
(b) Address 1117½ Church St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 45 (Month) (Day) (Year)
(c) Place: burial or cremation Easton, Missouri

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

19. (a) April 2 1945 (Date received local registrar) (b) Velma L. Tackle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1945 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 9 45 to April 1 1945 that I last saw her alive on Mar 31 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Biliary obstruction	3 mos
Due to: Obstruction common duct	3 mos
Due to:	
Other conditions (Include pregnancy within 3 months of death): Jaundice, hemorrhage	3 mos

Major findings:
Of operations 12 5 44
Of autopsy none

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? Means of injury

23. Signature John D. Boyle (M. D. or other)
Address [illegible] Date signed 4-24-45

1577 (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. Keith Collier

Licensed Embalmer No. 3632

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.