MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NOV 14 1939

35894
Do not use this space.

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1. PLACE OF DEATH

(a) County Cooper — Registration District No. 218

(b) Township — Primary Registration District No. 3015 — Registered No. 111

(c) City Boonville — (d) Street No. St Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Anna Laura Fisher

(a) Residence, No. ..... St. ☐ Kansas City Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Aden Rice Fisher.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 15 - 1874

7. AGE: YEARS 65 — MONTHS 7 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: At Home.
10. Date deceased last worked at this occupation (month and year): Oct 8 - 1939
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wayne County Mo.

FATHER
13. NAME: J. P. McCormick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wayne Co Mo.

MOTHER
15. MAIDEN NAME: Sarah A Tackett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs J. A. Sapp. Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carthage, Mo DATE Oct 11 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Goodman & Boller Boonville, Mo.

20. FILED 10 - 10, 1939 D. C. Hooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct - 9 - 1939

22. I HEREBY CERTIFY, That I attended deceased from not attended, 19 -, to -, 19 ....
I last saw h - alive on not seen alive, 19 .... Death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage probably due to ruptured spleen and compound fractures of both legs due to automobile accident.	Oct 9 1939

Other contributory causes of importance:

Name of operation none — Date of —
What test confirmed diagnosis? visual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 9, 1939
Where did injury occur? 9 miles west of Boonville Mo. Cooper Co
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On public highway no 40.
Manner of injury Car she was driving ran off of highway
Nature of injury Probably ruptured spleen and compound fractures of both legs.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) J. C. Tincher M. D.
(Address) Boonville Mo. Coroner & Cooper Co. Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUM-1-12-38 1 X14028

AUG 18 1943

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/7/39

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 J W Goodman

Licensed Embalmer No. 1178

P. O. Address Bucksville, Me

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, above space should be left blank.