

Registration District No. 28 **FILFO JUN 28 1940**

Primary Registration District No. 4822

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1940 hour 5 minute 25 P. M.
Dec. 29
21. I hereby certify that I attended the deceased from _____
to _____, 1940, to June 28, 1940;
that I last saw her alive on June 28, 1940;
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchitis

3. (a) PRINT FULL NAME Mary Fisher, 260
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female Color or race Black
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mose Fisher
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 60 about Months _____ Days _____ If less than one day hr. _____ min. 0

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Johnson

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Fisher

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 6-30th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
City Cemetery

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Guy T. Halley

(b) Address Fayette, Mo.

19. (a) July 5 1940 (b) W. P. O. Boston
(Date received local registrar) (Registrar's signature)

Due to Colitis, chronic 6 months

Due to _____ 12 1/2

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

Major findings: _____
Of operations _____

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? _____

339 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. P. O. Boston (M. D. or other) W. P. O.
Address Fayette, Missouri Date signed June 29 1940

Duration 6 months
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

40
52
88

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-15-40

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

..... 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, above space should be left blank.