NOV 20 1940

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

36066
Do not use this space.

1. PLACE OF DEATH
(a) County Pike 30 Registration District No. 681
(b) Township Calumet Primary Registration District No. 3900 A Registered No. 4
(c) City Annada (d) Street No. ..... 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 George R. Fisher
(a) Residence, No. Annada Mo St. ☐ .....
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20-1882
7. AGE YEARS 58 MONTHS 9 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cyrene Mo

FATHER
13. NAME Stephen D. Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynchburg Va

MOTHER
15. MAIDEN NAME Lucy A. Steele
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Point Pleasant W. Va

17. INFORMANT (ADDRESS) Fisher Keokuk Ia
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Oct 7 1940
19. FUNERAL DIRECTOR (ADDRESS) Harry Carroll Clarksville Mo
20. FILED 10 28 1940 Martha Gamen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5 1940
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:
Hit by Automobile, unavoidable, while lying in the road in an intoxicated condition.
Date of onset
Other contributory causes of importance:
210 m
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 5, 1940
Where did injury occur? Near Annada, Mo.,
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
public road
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? 5
If so, specify .....
(Signed) Porter Turpin Coroner, M. D.
(Address) Bowling Green Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

#

RECEIVED
District Health Officer No. 10
District File Number 11-40-2052
Date Filed NOV 8 1940

STATEMENT BY LICENSED EMBALMER

I, Harry L Carroll, Licensed Embalmer No. 2439

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harry L Carroll

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Harry L Carroll

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

No. 2B
-2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36066

Registration District No. 681 Primary Registration District No. 5909A Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Calumet (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)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Rural R (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.

3. (a) PRINT FULL NAME Geo. R. Fisher

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 15 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 10 28 1943 (Date received local registrar) (b) Martha Garner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Porter Tucker (M. D. or other)

Address Bowling Green Date signed

SUPPLEMENTARY