

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12162

APR 9 1941

Registration District No. 54

Primary Registration District No. 200

Registrar's No. 660

1. PLACE OF DEATH:

(a) County Franklin Co  
 (b) City or town Jameson Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 7-1030 Donald St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 17 days  
 In this community 17 days  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Herman Fisher

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Saury Fisher 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 6 1866  
 (Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmers

11. Industry or business No

MOTHER FATHER {  
 12. Name Joe Copper unk 9  
 13. Birthplace unk unk unk  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unk unk  
 15. Birthplace unk unk 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Claude Fisher

(b) Address Jameson Mo

17. (a) \_\_\_\_\_ (b) Date thereof 3-26-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jameson Mo

18. (a) Signature of funeral director Chas Fullinich

(b) Address Jameson Mo

19. (a) MAR 26 1941 (b) J. Raymond Brown  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 68  
 (c) City or town Jameson 0  
 (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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
 year 1941 hour 10:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Mar 17, 1941, to Mar 26, 1941  
 that I last saw him alive on Mar 26, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death RL cerebral hemorrhage 1 week  
 Duration

Due to hypertension unk

Due to chronic nephritis unk

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/10  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature H. C. Farley M. D. or other \_\_\_\_\_  
 Address 662 1/2 Hillman St Date signed 3/24/41

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

2  
40  
39  
23159

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**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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**