No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18389

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 155

1. PLACE OF DEATH:

(a) County Marion.

(b) City or town Hannibal, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Levering Hospital. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Rural Perry, Mo R.F.D. O
(If outside city or town limits, write "RURAL")

(d) Street No. O
(If rural, give location)

(e) If foreign born, how long in U. S. A.? O years.

3. (a) PRINT FULL NAME Cecil Fisher.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July, 29, 1926.
(Month) (Day) (Year)

8. AGE: Years 14 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation School

11. Industry or business School

FATHER
12. Name H. W. Fisher.
13. Birthplace Santa Fee. O Missouri.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bessie Tuttle.
15. Birthplace Perry, O Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Fisher

(b) Address Perry, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May, 11, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Maldreau Cemetery.

18. (a) Signature of funeral director Clyde Wilsey

(b) Address Perry, Missouri

19. (a) May 16, 1941 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
year 1941 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from 5-4, 1941, to 5-11-41, 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Prob. Typhoid para typhoid

Due to No laboratory identification

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 E. Harderty (M. D. or other) MD

Address Hannibal Mo Date signed 5-14-41

(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 Clydel. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

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, above space should be left blank.