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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27683

State File No. ....

Registration District No. 4

Primary Registration District No. 6232

Registrar's No. 32

1. PLACE OF DEATH:

(a) County AUDRAIN  
 (b) City or town RURAL AUDREIF TWS.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
8 MILE SOUTH OF VANDAVIA  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community ENTIRE WIFE years, months or days

3. (a) PRINT FULL NAME LOU EMMA STORCK FISHER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife O.C. FISHER 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased JAN 16 1899  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>6</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name W. F. STORCK

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

14. Maiden name ALICE FRANCIS EDDGEMAN

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

16. (a) Informant ORA NASSIEN  
 (b) Address VANDAVIA, MISSOURI

17. (a) BURIAL (b) Date thereof AUG. 14 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOUNT OLIVET

18. (a) Signature of funeral director W. J. Water

(b) Address Vandavia, Missouri

19. (a) Aug 18 1941 (b) R. Lee Alfred  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN  
 (c) City or town ANDREIF TWS RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 8 MILE SOUTH  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 11 day 1941  
 year \_\_\_\_\_ hour \_\_\_\_\_ minute 11.00 M.

21. I hereby certify that I attended the deceased from July 21 1941 to Aug 11 1941  
 that I last saw him/her alive on Aug 11 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Parenchymatous Nephritis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 121B  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

23. Signature R. Lee Alfred (M. D. or other) M.D.  
 Address McAlester, Mo Date signed 8/14/41

RECEIVED

District Health Officer No. 10

District File Number 7-44-1700

Date Filed SEP 18 1941

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 Anna B. Peters

Licensed Embalmer No. 4169

P. O. Address Dandalia

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, fact should be so stated above.