

FILED SEP 13 1941

Registration District No. **142**

Primary Registration District No. **5693**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **McDonald**
(b) City or town **Goodman, Mo.**
(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 **1** (Specify whether
In this community _____ years, months or days)

8. (a) PRINT FULL NAME **Dolly Fisher**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____
9. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Silas Fisher** 6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **Mar. 10 - 1879**
(Month) (Day) (Year)

8. AGE: Years **62** Months **4** Days **23** If less than one day hr. _____ min. _____

9. Birthplace **Newton Co. Mo. D**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business
12. Name **Joseph Marney**
18. Birthplace **Ill.**
14. Maiden name **Harriet Tyler**
15. Birthplace **Ill.**

16. (a) Informant **Geo. Marney**
(b) Address **High, Mo.**

17. (a) **Burial** (b) Date thereof **8-3-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Howard Cemetery**

18. (a) Signature of funeral director **Chas. W. Williams**
(b) Address **Goodman, Mo.**

19. (a) **8-3-41** (b) **Chas. W. Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **McDonald**
(c) City or town **Goodman, Mo. 060**
(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.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **2**
year **1941** hour _____ minute **10 PM.**

21. I hereby certify that I attended the deceased from **July 20** 19**41** to **Aug 2** 19**41**
that I last saw her alive on **July 31** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Infection resulting from fracture of right knee**

Due to _____
Due to _____

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 **060**
(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 **J. P. Reynolds** (M. D. or other) **1941**
Address **Goodman, Mo.** Date signed _____

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

RECEIVED

District Health Officer No. 6,

District File Number 941-1493

Date Filed SEP 11 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.....

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.

STANDARD CERTIFICATE OF DEATH

State File No. 28799

Registration District No. 142

Primary Registration District No. 5693

Registrar's No.

1. PLACE OF DEATH:

(a) County Mc Donald
(b) City or town Goodman
(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
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dolly Fisher

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased mar 10 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 23 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day _____ year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
that I first saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Inspection caused from
bruise of right knee

Due to _____
Due to _____

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) Accident

(b) Date of occurrence 20 7 31 1941

(c) Where did injury occur? Goodman McDonald, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? yes (Specify type of place) (e) Means of injury fall

23. Signature J.P. Reynolds (M. D. or other)

Address Goodman Mo Date signed 10-10-41

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

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SUPPLEMENTARY

PHYSICIAN
Underline the cause to which death should be charged statistically.

S-28799