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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28835

RUB SEP 13 1941

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hosp. O
(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)

3. (a) PRINT FULL NAME Lee Ernest Fisher

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

4. Sex Male D 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Ethel 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased September 27, 1867 (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 8 If less than one day hr. min.

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

10. Usual occupation Physician

11. Industry or business

12. Name John Hardin Fisher

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

14. Maiden name Martha Phipps

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

16. (a) Informant Mrs. L. E. Fisher

(b) Address 109 North Maple

17. (a) Burial (b) Date thereof 8/8/1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Missouri

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) Aug. 7, 1941 (b) W. C. Fisher (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 109 North Maple 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) (If yes, name country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1941 hour 9:05 minute A. M.

21. I hereby certify that I attended the deceased from Aug 1 1941 to Aug 15 1941 that I last saw him alive on Aug 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction - due to adhesions - Duration 5 days

Due to Peritonitis mesenteric thrombosis 6 mos.

Due to Chronic myocarditis + Hypertension 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal obstruction - acute ileum - due to adhesions 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 Fredrick (M. D. or other) (M.D. or other)

Address Hannibal Mo Date signed 8-7-41

408 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *James A. Moles*

Licensed Embalmer No. 3296

P. O. Address. Hannibal Missouri

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.