No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 29 1941

Registration District No. 491

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4298

State File No. 42389

Registrar's No.

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

57
2
0

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Troy Twn
(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 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 057 2 0

(c) City or town Troy
(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.

3. (a) PRINT FULL NAME LEE HAMILTON FISHER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Janette Taylor Fisher

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased December (Month) 5 (Day) 1855 (Year)

8. AGE: Years 85 Months 11 Days If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER
12. Name Madison Fisher
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Catherine Hamilton
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Janette Fisher
(b) Address Troy Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Troy Cemetery

18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy Mo

19. (a) Nov 6-1941 (Date received local registrar) (b) Mrs Pearl Musk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1941 hour 6 minute 00 A M.

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

Immediate cause of death	Duration
Coronary Thrombosis	Shows
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9 & a
Of autopsy no

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 J. Alterrich (M. D. or other) U
Address Troy Mo Date signed Nov 6 1941

(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.....Wayne McCoy.....

Licensed Embalmer No.....3586.....

P. O. Address.....Troy Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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