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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43173

State File No. _____

Registration District No. 837

Primary Registration District No. 6099

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Stoddard Center Twp
 (b) City or town Dudley, Mo. Rural #2
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(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
years, months or days

2. USUAL RESIDENCE OF DECEASED: 103
 (a) State Mo. (b) County Stoddard
 (c) City or town Dudley, Mo. Route # 2.
(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.? _____ years.

3. (a) PRINT FULL NAME J. O. FISHER

3. (b) If veteran, name war ---
 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 Carrie E. Fisher
 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 4-18-1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	7	24	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name T. M. Fisher

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

14. Maiden name EMILY SCOTT

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

16. (a) Informant Elva Fisher

(b) Address Dudley, Mo. Route # 2.

17. (a) Burial (b) Date thereof Dec. 14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walker cemetery

18. (a) Signature of funeral director Bloomfield, Mo.
 (b) Address _____

19. (a) Dec. 23, 41 (b) Boonie Tunch
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th
 year 1941 hour 6:25 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1st, 1941 to Dec 12th, 1941;
 that I last saw him alive on Dec 11th, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lungs
 Due to Chronic gall bladder infection
 Due to Chronic Parachymatous hepatitis & Hypertension
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: no H&E
 Of operations _____
 Of autopsy _____
 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) no
 (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 S. J. Lane (M. D. or other) MD
 Address Dudley, Mo. Date signed 12/14/41

RECEIVED

District Health Office No. 2,

District File Number 142-96

Date Filed 1-19-42

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.....

John C. Cooper

Licensed Embalmer No. 4119

P. O. Address..... Bloomfield, Mo.

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.