

FILED APR 15 1942  
Registration District No. **688**

Primary Registration District No. **5419**

Registrar's No. **87**

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

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Frankford  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Residence  
(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 Missouri (b) County Pike  
(c) City or town Frankford  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ruth Christian Fishback

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 Divorced Widowed  
6. (b) Name of husband or wife Willie Edgar Fishback  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 4, 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Peno Township Pike County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Homsewife

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

MOTHER FATHER { 12. Name Cyrus Christian  
13. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Brunette Griffith  
15. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruben C. Fishback  
(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 4/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fairview Cemetery Frankford

18. (a) Signature of funeral director [Signature]  
(b) Address 902 Broadway Hannibal Missouri

19. (a) 4/3/42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 17 1942 March 21 1942  
that I last saw her alive on March 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) 430

Major findings: Of operations \_\_\_\_\_

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 [Signature] (M. D. or other) 0  
Address Frankford, Mo Date signed 4/2/42

RECEIVED

District Health Officer No. 10

District File Number 4-10-257-738

Date Filed APR 14 1942

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. Motes

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.