

FILED MAY 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Walsh 4344

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 269

1. PLACE OF DEATH: GREENE
 (a) County GREENE
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1012 E. Locust
 (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 Elisha B. Fisher
 3. (b) If veteran, name war Unknown
 3. (c) Social Security No. 702-07-3955

4. Sex Male 0
 5. Color or race White
 6. (a) Single, widowed, married, divorced, or separated Married
 6. (b) Name of husband or wife Inosencia De Fisher
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased August 2 1878
 (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 3
 If less than one day, hr. _____ min. _____

9. Birthplace Unknown Rhode Island
 (City, town, or county) (State or foreign country)

10. Usual occupation Boilermaker

11. Industry or business Frisco R.R.

12. Name Unknown

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

14. Maiden name Unknown
 15. Birthplace Unknown 9 Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Inosencia De Fisher

(b) Address Springfield, Mo.

17. (a) Removal (b) Date thereof April 7, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baltimore, Maryland

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-7-42 (b) W. W. Handley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 39
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1012 E. Locust
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
 year 1942 hour 1 minute p. M.

21. I hereby certify that I attended the deceased from Apr 2 1942 to Apr 5 1942
 that I last saw him alive on 4-31 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (chronic) unknown

Due to Progressive muscular atrophy & paralysis unknown
 Due to
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
 Of autopsy

Duration

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) Fire

(b) Date of occurrence 4-7-42

(c) Where did injury occur? Home
 (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 (Specify type of place) (e) Means of Injury

23. Signature W. W. Handley (M. D. or other)
 Address Springfield, Mo. Date signed 4/7/42

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

1161

151

57616 100

NOV 28 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 *L. Lohr Gorman*

Licensed Embalmer No. *3177*

P.O. Address *Springfield, 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.

X