

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 17 1942
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2934

Registration District No. 349 Primary Registration District No. 1002

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Hannas City
(c) Name of hospital or institution: Anna Clark Home 284 1/2 Forest.
(d) Length of stay: In hospital or institution 4 yrs!
In this community 4 yrs!
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Harrison
(c) City or town Hannas Mo.
(d) Street No. 284 1/2 Forest St.
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Anna Fisher
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 2
year 1942 hour 11 minute 30 A.M.

4. Sex Female / race White
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joseph Fisher
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased 1 - 10 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
hour 11 1939 to Aug 2 1942
that I last saw her alive on July 21, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 6 Days 22
If less than one day hr. min.

Immediate cause of death
Premia hypertrophica aortae
Due to 59B
Other conditions:
(Include pregnancy within 3 months of death)

9. Birthplace Hungary (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business
12. Name H. Brown
13. Birthplace Hungary (City, town, or county) (State or foreign country)
14. Maiden name K. M. W. K. W. (City, town, or county) (State or foreign country)
15. Birthplace Hungary (City, town, or county) (State or foreign country)

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

16. (a) Informant Anna Fisher
(b) Address 10 W. 1st St. Hannas, Mo.
17. (a) Burial, cremation, or removal (b) Date thereof 8-4-42
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary
18. (a) Signature of funeral director
(b) Address
19. (a) 8-4-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Hoffman M.D. (M. D. or other)
Address 408 N. Argyle St. Hannas, Mo. Date signed 8/4/42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.