

FILED AUG 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25015

State File No.

Registration District No. 275

Primary Registration District No. 5942 3033

Registrar's No. 78

81
22
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Phelps

(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Nelle McFarland Memorial Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-26-42
(Specify whether)

In this community 7/27/42
years, months or days

3. (a) PRINT FULL NAME Bennie Fred Fisher

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M 0 5. Color or race W

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

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if alive 4 1933
(Day) (Year)

7. Birth date of deceased July 1933
(Month) (Day) (Year)

8. AGE: Years 9 Months — Days 22 If less than one day hr. min.

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

10. Usual occupation School

11. Industry or business.

MOTHER FATHER { 12. Name Noah Fisher

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

14. Maiden name Helen Menden

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

16. (a) Informant Noah Fisher

(b) Address Salem, MO

17. (a) Burial (b) Date thereof 7-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maier, Cemetery

18. (a) Signature of funeral director W. J. Greener

(b) Address Salem, MO

19. (a) 7-28-1946 (b) Kellie Walker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Went 33

(c) City or town Salem, MO
(If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 27
year 1942 hour 4 P.M. minute — M.

21. I hereby certify that I attended the deceased from 9:30 a.m.
7/26 1942 to 4 p.m. 7/29/42
that I last saw h.i.m. alive on 7-27-42 and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid fever

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 1

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?.....

23. Signature W. J. Greener (Specify type of place) 0
While at work? (c) Means of injury.....

23. Signature W. J. Greener (M. P. or other) 0
Address Rolla, MO Date signed 7-27-42

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..... *Wm. W. McDonald*

Licensed Embalmer No. *3806*

P. O. Address..... *Salem, 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.