

1. PLACE OF DEATH:

(a) County Bucha nan

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

(c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months  
30 years (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1013 South 12th St  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Della Alberta Fisher

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Martin

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October 26, 1885  
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business home

12. Name Ardell Scott

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

14. Maiden name Mary Charminza

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

16. (a) Informant Martin Fisher

(b) Address 1013 South 12th St

17. (a) Burial (b) Date thereof 10-13-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cemetery Tracy Barry Funeral

18. (a) Signature of funeral director 218 South 10th St

(b) Address 218 South 10th St

19. (a) 10-13-42 (b) Rae Heigog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10  
year 1942 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1934  
1934 to 1934 1934

that I last saw him alive on 10/10 1934  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary thrombosis

Due to pancreatitis 7/9/42

Due to Arteriosclerosis over 8 years

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None  
(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 None (Specify type of place)  
(e) Means of injury None

23. Signature Rae Heigog (M. D. or other) None

Address 218 South 10th St Date signed 10/12/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 *Victor J. Barry*  
Licensed Embalmer No. *4212*  
P. O. Address *St Joseph 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.**