

FILED NOV 16 1942

Registration District No. **228**

Primary Registration District No. **3072**

Registrar's No. **14**

1. PLACE OF DEATH:
(a) County **Scott**
(b) City or town **Chaffee**
(c) Name of hospital or institution:
315-5th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 mos.**
In this community **7 mos.** years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Anita Kay Fish**
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 **Single**
6. (b) Name of husband or wife **Earl** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **March 6 - 1942** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 **4** **hr.** **min.**

9. Birthplace **Capoterrace, Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business

MOTHER FATHER
12. Name **Earl Fish**
13. Birthplace **Kennett, Mo** (City, town, or county) (State or foreign country)
14. Maiden name **Slavaty A. Popovna**
15. Birthplace **Chaffee, Mo** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Earl Fish**
(b) Address **Chaffee, Mo**

17. (a) **Burial** (b) Date thereof **10-11-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Park Cem. Chaffee**

18. (a) Signature of funeral director **Wm. Stubb**

(b) Address **Chaffee, Mo**
19. (a) **Dec. 16th** (b) **Mrs. A. H. Davis**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Scott**
(c) City or town **Chaffee**
(If outside city or town limit write "RURAL")
(d) Street No. **315-5th Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **10**
year **1942** hour **12:30** minute **P** M.
21. I hereby certify that I attended the deceased from **10/10 1942** to **10/10 1942**
that I last saw him alive on **10/10/42**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Probably, Bacterial Pneumonia**
Had been ill with
Due to **Respiratory Infection**
Due to **one week** and **without medical care**
Other conditions **Unknown Natural Causes**
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy **108**

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 **W. O. June** (M. D. or other)
Address **Chaffee, Mo** Date signed **10/11/42**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39

RECEIVED

District Health Office No. 2,

District File Number 1142-1406

Date Filed 11-19-42

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, above space should be left blank.