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17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41414

FILED JAN 15 1943

State File No.

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 99

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution 1 No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether)

In this community all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED: 6

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? — (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ALBERT B. FISHER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased JAN 26 - 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

11 4 — hr. min.

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

10. Usual occupation Child

11. Industry or business No

12. Name AARON FISHER

13. Birthplace UNK. ARK. 1
(City, town, or county) (State or foreign country)

14. Maiden name MARY K. CLARK

15. Birthplace TRIPLETT TENN 1
(City, town, or county) (State or foreign country)

16. (a) Informant MARY CLARK

(b) Address NEW MADRID

17. (a) BURIAL (b) Date thereof DEC 31 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandhill

18. (a) Signature of funeral director Richard and Co.

(b) Address New Madrid Mo

19. (a) Jan 7 1943 (b) Alice Spitzer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 30
year 1942 hour 12:45 minute ✓ P.M.

21. I hereby certify that I attended the deceased from — 19— to — 19—;
and that I last saw him — alive on — 19—;
and that death occurred on the date and hour stated above.

Immediate cause of death No medical attendant at time of death by all records Duration —

Due to death was due to fall from a chair hunting

Due to bone joint causing a infection and blood poisoning

Other conditions resulting from it

(Include pregnancy within 3 months of death)

Major findings: Of operations 160/10

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) 072 ✓

(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 Leo H. ... Deputy Coroner (M.D. or other) —

Address New Madrid Mo Date signed 1/7-42

JAN 21 1943

RECEIVED

85.071.2
14-8-51-11
149

District Health Office No. 2

District File Number 143-89

Date Filed 1-13-43

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 Lo Higginbotham
Licensed Embalmer No. 3803
P. O. Address New Madrid, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41414
Registrar's No. 99

Registration District No. 238

Primary Registration District No. 4355

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

1. PLACE OF DEATH

(a) County New Madrid

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

(c) Name of hospital or institution:
(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 Albert Fisher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race B

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 11 1902
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 25 Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

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

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 About Nov 25 - 1942

(c) Where did injury occur? At home New Madrid Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
About home
(Specify type of place) (e) Means of injury _____

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

The first part of the document discusses the general principles of the project. It outlines the objectives and the scope of the work. The second part describes the methodology used in the study. This includes the data collection methods and the analysis techniques. The third part presents the results of the study. These are discussed in the context of the research objectives. The final part concludes the document and provides recommendations for future research.

The methodology section details the experimental design and the data collection process. It describes the use of various instruments and the procedures followed to ensure the accuracy of the data. The results section provides a comprehensive overview of the findings, including statistical analysis and graphical representations. The discussion section interprets these results and compares them with existing literature. The conclusion summarizes the key findings and offers insights into the implications of the study.