

ED SEP 7 1943 274

Registration District No. **274**

Primary Registration District No. **3052**

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1302 South Grand**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 year** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Naomi Marie Fisher.**

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

7. Birth date of deceased **July 10 1942**  
(Month) (Day) (Year)

| 8. AGE: | Years    | Months   | Days     | If less than one day |
|---------|----------|----------|----------|----------------------|
|         | <b>1</b> | <b>1</b> | <b>3</b> | hr. min.             |

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

10. Usual occupation **None**

11. Industry or business

MOTHER FATHER { 12. Name **Elwood Fisher.**  
13. Birthplace **Morgan County, Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mabel Bass.**  
15. Birthplace **Morgan County, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Martha Bass.**  
(b) Address **Rte 4. Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **8-24-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Lake Creek**

18. (a) Signature of funeral director **Ewing Funeral Home.**  
(b) Address **117 West 7th, Sedalia, Mo**

19. (a) **8/24/43** (b) **Mrs. Anna Berger**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1302 South Grand**  
(If rural, give location)  
(e) Citizen of foreign country? **1** (Yes or No)  
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **23**  
year **1943** hour **9** minute **30** A.M.

21. I hereby certify that I attended the deceased from **21 - August 1943 to Aug 23 1943**  
that I last saw **her** alive on **Aug 23** 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death **Illness**  
**Bacterial Infection**  
**Septicemic condition**

Due to **Bacterial Infection**  
**Septicemic condition**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **119a**  
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?

While at work (Specify type of place) (e) Means of injury  
23. Signature **[Signature]** (M. D. or other)  
Address **[Signature]** Date signed **8/22/43**

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

MOTHER FATHER

20  
6  
4

RECEIVED

District Health Officer No. 9,

Date Filed

9-3-43

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

*John E. Myers*

Licensed Embalmer No. *3220*

P. O. Address *Sedalia, 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.