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32873

3762E

State File No.

FILED DEC 15 1943

Registration District No.

Primary Registration District No. 3002

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 4 days
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 902 E. Jackson St.
(If rural, give location)
(e) Citizen of foreign country? NS (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John E. Fish

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Waude B. Fish 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 21, 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 9 If less than one day
.....hr.min.

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

10. Usual occupation Retired Railroad Superinte

11. Industry or business

12. Name Ezra Fish

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

14. Maiden name Mary Dennis

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

16. (a) Informant Anna Dee Fish

(b) Address Mexico, Mo.

17. (a) Removal (b) Date thereof Dec. 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eureka, Ill

18. (a) Signature of funeral director Tarl E. Pugh

(b) Address Mexico, Mo.

19. (a) 11-30-1943 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1943 hour 12 minute A. M.

21. I hereby certify that I attended the deceased from Nov 20
1940 to 12-30-1943
that I last saw him alive on 12-29-1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma prostatic
Myocardial

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 51 R
Of autopsy.....

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 0

23. Signature J. Frank Jolley (M. D. or other) MD

Address Mexico, Mo Date signed 11/30/43

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

MOTHER FATHER

MAR 8 1944

RECEIVED

District Health Officer No. 10

District File Number *12-43-1954*

Date Filed **DEC 13 1943**

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.....

..... Earl E. Precht, Registered Apprentice No.
working under my personal supervision.

Signed *Earl E. Precht*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.