

No. 2  
-5-43  
17-39  
X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. **184A 318** Primary Registration District No. **1003** Registrar's No. **2565**

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

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:  
Missouri Baptist Hospital  
(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:** Loretta Fern 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:** Child

**6. (b) Name of husband or wife:** \_\_\_\_\_

**6. (c) Age of husband or wife if alive:** \_\_\_\_\_ years

**7. Birth date of deceased:** Apr 28 1938  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>5</u>	<u>10</u>	<u>19</u>	hr. _____ min. _____

**9. Birthplace:** Portageville MO  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Child

**11. Industry or business:** \_\_\_\_\_

**12. Name:** Cecil Fisher

**13. Birthplace:** Portageville MO  
(City, town, or county) (State or foreign country)

**14. Maiden name:** Mammie Forrester

**15. Birthplace:** Portageville Ark  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Cecil Fisher

**(b) Address:** Portageville MO

**17. (a) ~~Burial~~ (b) Date thereof:** 3/18/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation:** Portageville MO

**18. (a) Signature of funeral director:** Cecil Fisher

**(b) Address:** Portageville MO

**19. (a) MAR 17 1944 (b) J. F. Bunker (c) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County 92

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

(d) Street No. R.R. #2  
(If rural, give location) NR.

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Mar day 27  
year 1944 hour \_\_\_\_\_ minute 05 A.M.

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

Immediate cause of death 2nd 3rd Degree Burns of upper part of body when her clothes caught fire while helping to extinguish a grass fire in the yard of her home at Portageville MO 3-12-44 exact time unknown

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): Accident 072

(b) Date of occurrence: 3-12-44

(c) Where did injury occur? Portageville MO  
(City, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work \_\_\_\_\_ (Specify type of place) (a) \_\_\_\_\_  
Means of injury \_\_\_\_\_

**23. Signature:** Alfred G. Kelly (M. D. or other)

Address: Portageville MO Date signed: 3/17/44

844

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*Not embalmed*  
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, fact should be so stated above.**