

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

W. L. Williams
10383
State File No. _____
Registrar's No. 67

FILED MAR 21 1944

Registration District No. 38

Primary Registration District No. 3006

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
507 N. Moss
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 15 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CLARENCE EUGENE FISHER
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 Naomi Ellen Fisher
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased 6 - 29 - 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 9
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER { 12. Name Kingman Fisher
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Sims
(b) Address 507 N. Moss, Columbia, Mo.

17. (a) Burial (b) Date thereof 3-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shaw

18. (a) Signature of funeral director Barber Funeral Service
(b) Address Columbia, Mo.

19. (a) 3-9-1944 (b) E. O. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 507 N. Moss St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 8
year 1944 hour 12:55 minute A. M.

21. I hereby certify that I attended the deceased from Feb 11 - 1944 to Mar 7 - 1944
that I last saw him alive on March 7 - 44
and that death occurred on the date and hour stated above.

Immediate cause of death Lentivirus
Duration _____

Due to _____

Due to _____

Other conditions 74a
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy no
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 W. L. Williams (M. D. or other)
Address Columbia, Mo. Date 3-9-44

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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 *Paul Parung*

Licensed Embalmer No. *4132*

P. O. Address *Columbia, 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.