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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25324

State File No.

Registration District No. 25-1 Primary Registration District No. 3048 Registrar's No. 107

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 59 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 609 S. Buchanan 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Della Roberta 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 married
6. (b) Name of husband or wife O.P. Fisher
6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased February 17 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Greencastle Ohio (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Alexander Beauty
13. Birthplace Lancaster Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Isabelle Lamb
15. Birthplace Lancaster Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Miss Jessie Fisher
(b) Address Maryville, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo
19. (a) July 14, 44 (Date received local registrar) (b) Anne Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1944 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 6, 1938 to 7-14, 1944 that I last saw her alive on 7-14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. M. Boyles (M. D. or other)
Address Maryville Date signed 7-15-44

1349

(Licensed Embalmer's Statement on Reverse Side)

AUG 28 1947

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 W. L. Gee

Licensed Embalmer No. 2539

P. O. Address Maryville 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.