

FILED MAR 12 1945

Registration District No. 10

Primary Registration District No. 3002

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

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)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Audrain

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

(d) Street No. 1317 N. Western  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Belle Fisher

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21<sup>st</sup> year 45 hour 2 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 20, 1945, to Feb 21, 1945; that I last saw her alive on Feb 21, 1945; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Chas. H. Fisher

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

Immediate cause of death Lobar Pneumonia  
not associated with fracture

Duration 2 mths 48 hrs

7. Birth date of deceased March 1, 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>20</u>	hr. _____ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

9. Birthplace Howard County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Widow

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Greenbury Louis

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

14. Maiden name Mary Jane Naylor

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Forest Level

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 2/23/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

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 \_\_\_\_\_

18. (a) Signature of funeral director Clara Arnold

(b) Address Mexico, Mo.

19. (a) 2-23-45 (b) Margaret Mackie  
(Date received local registrar) (Registrar's signature)

23. Signature Harry J. Orman (M. D. or other)  
Address Mexico, Mo. Date signed 2-23-45

RECEIVED

District Health Officer No. 10

District File Number 3-45-482

Date Filed MAR 8 1945

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

*Clara L. Lusk*

Licensed Embalmer No.

3569

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.