S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34346

State File No.

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 191

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla ✓ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mc Farland Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution In Hospital 4 hrs. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 60 p

(c) City or town St. Louis, Mo. 17 (If outside city or town limits, write "RURAL")

(d) Street No. 9 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME June Marie Fisher

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 1 (Day) 1941 (Year)

8. AGE: Years 4 Months 5 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name James Fisher
13. Birthplace (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Vera Vollmer
15. Birthplace Raymondville (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant James Fisher

(b) Address Raymondville Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/41/45 (Month) (Day) (Year)

(c) Place: burial or cremation Vollmer

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Houston Mo.

19. (a) 10/9/45 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 7 year 1945 hour 10 minute 30 p. M.

21. I hereby certify that I attended the deceased from Oct 7, 1945 to Oct 7, 1945; that I last saw her alive on Oct 7, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intussusception at junction of ileum and jejunum	
Due to	
Due to	122
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)

(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 [signature] (M. D. or other)

Address Rolla, Mo. Date signed 10-9-45

1403

(Licensed Embalmer's Statement on Reverse Side)

111

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 S. C. Nuell

Licensed Embalmer No. 3397

P. O. Address Rolla 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.