

1-8-43  
5-17-39  
X37823

**FILED FEB 11 1946**

Registration District No. **30**

Primary Registration District No. **5176**

Registrar's No. **2**

324  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **Camden Co.**  
(b) City or town **Richland**  
(c) Name of hospital or institution: **Rural**  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Pulaski**  
(c) City or town **Richland Mo**  
(d) Street No. **Rural**  
(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME **William Fisher**  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan** day **4th**  
year **1946** hour..... minute **6:50 AM**

4. Sex **Male** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **May 8 1865**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 1945** to **Jan 3 1946**  
that I last saw him alive on..... 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years **80** Months **7** Days **26**  
If less than one day hr. min.

Immediate cause of death **Myocardial failure**  
Due to **Coronary Vascular Renal Disease**  
Due to.....

9. Birthplace **Laclede Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

Other conditions.....  
(Include pregnancy within 3 months of death)

11. Industry or business

MOTHER, FATHER {  
12. Name **John Fisher**  
13. Birthplace **Unknown Mo**  
14. Maiden name **Jan Admire**  
15. Birthplace **Unknown Mo**

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Peggy Bredle**

(b) Address **Richland Mo**

17. (a) **Burial** (b) Date thereof **1/7/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Our Lawn**

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

18. (a) Signature of funeral director **R. B. Papp**  
(b) Address **Richland Mo**

19. (a) **Jan 27 1946** (b) **Zelpha J. Drew**  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (c) Means of injury  
23. Signature **John A. Ryhalovich** (M. D. or other) **DO**  
Address **Cracker, Mo.** Date signed **1-25-46**

RECEIVED

Order No. 7,

1-46-12

Date Recd 2-1-46

**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. 3198

P. O. Address.....

Richland 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.**