

FILED APR 5 1946

Registration District No. **234**

Primary Registration District No. **4349**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Morgan**
(b) City or town **Stover**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **Life** years, months or days)

3. (a) PRINT FULL NAME **Mattie L. Fisher**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married divorced **Married**
6. (b) Name of husband or wife **William F Fisher** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **Feb 4 1986** (Month) (Day) (Year)

8. AGE: Years **60** Months **1** Days **21** If less than one day hr. _____ min. _____

9. Birthplace **Stover** (City, town, or county) **MO** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Brunger**
13. Birthplace **Stover** (City, town, or county) **MO** (State or foreign country)
14. Maiden name **Mattie Nuttrock**
15. Birthplace **Stover** (City, town, or county) **MO** (State or foreign country)

16. (a) Informant **William F Fisher**

(b) Address **Stover, MO**

17. (a) **Burial** (b) Date thereof **March 27, 46** (Month) (Day) (Year)

(c) Place: burial or cremation **Stover, MO**

18. (a) Signature of funeral director **J. Stevenson**

(b) Address **Stover, MO**

19. (a) **4/3-1946** (b) **W. L. Ripberger** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Morgan**
(c) City or town **Stover** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **25** year **1946** hour **8** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **1944** **May** 19, to **March 25** 19 **46** that I last saw her alive on **March 24** 19 **46** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary tuberculosis 70's years** Duration

Due to _____

Due to _____

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

Major findings: Of operations **3/26** 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? _____

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

23. Signature **W. G. Gunn** (M. D. or other) Address **3/26/46**

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

Office No. 7,
346-288
4-4-46
Date Recd

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 J. L. Stevenson
Licensed Embalmer No. 4073
P. O. Address Stover 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.