

No. 2  
-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32597

State File No. \_\_\_\_\_

FILED 00517 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

Registrar's No. 134

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: 1221 N. Clark St.  
(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

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. 1221 N. Clark  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Elizabeth Fisher

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5  
year 1946 hour 9 minute 2 M.  
21. I hereby certify that I attended the deceased from Aug 15 1946 to Oct 5 1946  
that I last saw her alive on Oct 4 1946  
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 H  
7. Birth date of deceased: July 10 1863  
(Month) (Day) (Year)

Immediate cause of death: Myocarditis chr  
Duration 2 yrs

8. AGE: Years 83 Months 2 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Arterio Sclerosis

9. Birthplace: Mexico, Mo.  
(City, town, or county) (State or foreign country)

Due to Senility

10. Usual occupation: House wife

Other conditions: Senile Dementia  
(Include pregnancy within 3 months of death)

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

PHYSICIAN

MOTHER FATHER { 12. Name Thomas Barnett  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Green  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations 93D  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Xury Fisher  
(b) Address Mexico, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 10/7/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Elmwood  
18. (a) Signature of funeral director Chris Arnold

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

(b) Address Mexico, Mo.  
19. (a) 10/7/46 (b) Blanche Keely  
(Date received local registrar) (Registrar's signature)

23. Signature R. L. Williams (M. D. or other) MD  
Address Mexico, Mo. Date signed 10/7/46

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

RECEIVED  
District Health Officer No. 10  
District File Number 10-46-1900  
Date Filed OCT 14 1946

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 *Charles A. ...*

Licensed Embalmer No. 3569

P. O. Address *Trinidad*

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.