

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED JAN 17 1947

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 3

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 Life (Specify whether 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. 105 E. Monroe
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Joseph W. Fisher

3. (b) If veteran, name war No

3. (c) Social Security No. 494-22-4587

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced S D

6. (b) Name of husband or wife

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

7. Birth date of deceased: April 24, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 8 11 hr. min.

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

10. Usual occupation Janitor

11. Industry or business Ward Electric Co.

MOTHER FATHER { 12. Name E. C. Fisher 9

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

14. Maiden name DK

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

16. (a) Informant Records in personal effects

(b) Address

17. (a) Burial (b) Date thereof 1/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Crosby

(b) Address Mexico, Mo.

19. (a) Jan 7-1947 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th year 1947 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Jan 5, 1946, to Jan 6, 1947.
That I last saw him alive on Jan 5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar (left chest)
Chronic degenerative myocarditis
Due to with Cholesteria factors

Duration
5 days?
3 yrs

Due to _____

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

Major findings:
Of operations _____
Of autopsy 108

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) DK

(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 DK

23. Signature Harry F. Ornen (M. D. or other) DK
Address Mexico, Mo. Date signed 1-2-47

RECEIVED
Health Officer
Number 147-123
JAN 16 1947

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 Clos Amador

Licensed Embalmer No. 3569

P. O. Address Musico, 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.