

S. No. 2
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EV. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1947.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5849**
Registrar's No. **11**

Registration District No. **297** Primary Registration District No. **4446**

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
Home near Hardin, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Joseph H. Fifer

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rose Mae Shackford 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct 14 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>3</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Puttman Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Jacob B Fifer

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

14. Maiden name Sarah Brock

15. Birthplace Rockingham Co Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. B. Clark

(b) Address Hardin Mo

17. (a) Burial (Burial, cremation, or removal) _____ (b) Date thereof Jan 18-47
(Month) (Day) (Year)

(c) Place: burial or cremation Wakena Cem

18. (a) Signature of funeral director John W. Knipschill

(b) Address Hardin Mo

19. (a) Jan 29-47 (b) M. A. Johnson
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Crooked River Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles north East of Hardin
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1947 hour 7:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from December
4, 1946 to January, 1947
that I last saw him alive on January 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration unknown

Due to Arteriosclerosis, general ..

Due to Hypertension, essential ..

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

PHYSICIAN

Major findings:
Of operations none

Of autopsy none 93D

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 _____ on farm, in industrial place, in public place?
not applicable

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

23. Signature Joseph E. Haskell (M. D. or other) M.D.
Address Newton, Missoula Date signed 1-25-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-15-47

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed John W. Knipschild.

Licensed Embalmer No. 2789

P. O. Address Hardin, 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.