

S. No. 2
-12-45
5-17-39
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8734
Registrar's No. _____

FILED APR 1 1947
132

Registration District No. _____

Primary Registration District No. 3021

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

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 2101 Maple St 1
(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 Ernoch Fisher

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 Single

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

7. Birth date of deceased April 20 1872
(Month) (Day) (Year)

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

74 9 4 hr. min.

9. Birthplace Grundy Co Mo. A
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Fisher

13. Birthplace Goria 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Kessie

15. Birthplace Grundy Co Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Homer Mullens

(b) Address Trenton Mo

17. (a) Burial (b) Date thereof Jan-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winton Cemetery Grundy Co Mo

18. (a) Signature of funeral director Scholar Funeral Home

(b) Address Spickard Mo

19. (a) 1/25/47 (b) Ernoch Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Grundy

(c) City or town Trenton
(If outside city or town limits, write "RURAL")

(d) Street No. 2101 Maple St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1947 hour 2 minute 55 A. M.

21. I hereby certify that I attended the deceased from Dec. 2 1946 to Jan 24 1947
that I last saw him alive on Jan 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 1 yr.

Due to _____
Due to _____

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

Major findings: Of operations None
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)
(c) Means of injury _____

23. Signature Douglas R. Pearce (N. D. or other) D.O.
Address 305 W. 12th Trenton Mo signed 1/24/47

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DISTRICT HEALTH OFFICE
Cameron, MO

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 Stess Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 770.

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.