

S. No. 2  
M-5-43  
v. 5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33624**

**FILED OCT 21 1947**

Registration District No. **11**

Primary Registration District No. **4024**

Registrar's No. **98**

**1. PLACE OF DEATH:**  
 (a) County **Barry**  
 (b) City or town **Cassville**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **Barry County Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10 days**  
(Specify whether  
 In this community **75 years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Barry**  
 (c) City or town **Mineral TWP. (Rural)**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4 mi SE of Cassville**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country **---**

**3. (a) PRINT FULL NAME** **Rever Rado FISHER**

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

**4. Sex** **M** **5. Color or race** **W**  
**6. (a) Single, widowed, married, divorced** **W**

**6. (b) Name of husband or wife** \_\_\_\_\_  
**6. (c) Age of husband or wife if** \_\_\_\_\_  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** **March 22, 1862**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
85	6	3	-- hr. --- min.

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

**10. Usual occupation** **Blacksmith**

**11. Industry or business** **Retired**

**12. Name** **M. N. Fisher**

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

**14. Maiden name** **Dillo**

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

**16. (a) Informant** **Mr. Otis Fisher**

**(b) Address** **Cassville, Mo.**

**17. (a) Burial** (b) Date thereof **9/28/1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Corinth Cemetery**

**18. (a) Signature of funeral director** **Koon Funeral Home**

**(b) Address** **Cassville, Missouri**

**19. (a) Oct 8 - 1947** (b) *Grace Williams*  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Sept.** day **25th.**  
 year **1947** hour **4** minute **45 A.M.**

**21. I hereby certify that I attended the deceased from** **Sept. 15**  
**147** to **Sept. 25** 19 **47**  
 that I last saw h. **im.** alive on **Sept. 25** 19**47**;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** **Uremia** **Duration** **10 days**

**Due to** **Hypertensive kidney** **unkn.**

**Due to** \_\_\_\_\_  
**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations \_\_\_\_\_  
 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?** \_\_\_\_\_ **(e) Means of injury** \_\_\_\_\_

**23. Signature** *Grace Williams* (M. D. or other)  
**Address** **Cassville, Mo.** **Date signed** \_\_\_\_\_

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1047-1065-

Date Filed OCT 20 1947

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**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. C. Canada*

Licensed Embalmer No.....

*4196*

P. O. Address.....

*Cassville, 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.**