

FILED FEB 5 1948

Registration District No. 380Primary Registration District No. 4481

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County SCOTT  
(b) City or town FORNFEELT  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 YEARS (Specify whetherIn this community 30 YEARS  
years, months or days)3. (a) PRINT FULL NAME EFFIE MAE FISHER3. (b) If veteran, ✓ name war \_\_\_\_\_ 3. (c) Social Security No. ✓4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED6. (b) Name of husband or wife DANIEL FISHER 6. (c) Age of husband or wife if alive 57 years7. Birth date of deceased FEB 9 1883  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
64 11 17 hr. min.9. Birthplace Near Allenville, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE11. Industry or business "12. Name FRANK PROPER 913. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)14. Maiden name UNKNOWN15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)16. (a) Informant Harold Patton 1(b) Address 1206 Chestnut St. Cape Girardeau17. (a) BURIAL (b) Date thereof Jan 29 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lighter Mount18. (a) Signature of funeral director Beiglinghoff Funeral Home(b) Address Alena, Mo19. (a) 1-21-48 (b) 7. 2. 1948  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTT 100  
(c) City or town FORNFEELT 2  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26  
year 1948 hour 10:40 minute \_\_\_\_\_ P.M.21. I hereby certify that I attended the deceased from Jan 1 1948 to Jan 26 1948  
that I last saw her alive on Jan 23 1948  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Artery aneurysm 6 days  
Duration \_\_\_\_\_Due to Myocardial infarction

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G. J. Patton (M. D. or other) \_\_\_\_\_Address Alena, Mo Date signed 1-27-48

RECEIVED

District Health Office No. 2,

District File Number 128-160

Date Filed 1-30-48

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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 Mamie Carpenter

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.