

No. 2
-12-45
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH
FILED MAR 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9694

Registration District No. 274

Primary Registration District No. 5932

Registrar's No. 81

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town LaMonte (Rural)
(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 _____ (Specify whether _____)

In this community 70 Years
years, months or days

3. (a) PRINT FULL NAME Della Belle Fisher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clark Fisher

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December 16 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	2	24	hr. _____ min. _____

9. Birthplace LaMonte Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name W.H. Whitfield

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

14. Maiden name Nancy Scott

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

16. (a) Informant Clark Fisher

(b) Address LaMonte Mo.

17. (a) Rurial (b) Date thereof 3-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaMonte Cemetery

18. (a) Signature of funeral director Paul M. Moore

(b) Address LaMonte Mo.

19. (a) 3-14-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1948 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 1 1947 to March 11 1948
that I last saw her alive on March 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy WUE

Duration _____

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 P. W. Yeager (M.D. or other) _____

Address Knob Hoster Mo. Date signed March 13 1948

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-24-48

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 Paul M. Mrow

Licensed Embalmer No. 3923

P. O. Address La Monte, 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.