

FILED AUG 3 1948

Registration District No. 251

Primary Registration District No. 3048

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McBride Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 weeks
(Specify whether years, months or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME OLIVER PERRY FISHER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased Oct. 26 1854
(Month) (Day) (Year)

8. AGE: Years 93 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Jefferson Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - retired

11. Industry or business Farming

MOTHER FATHER { 12. Name John Fisher
13. Birthplace Fairfield Co. Ohio /
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Hoshor
15. Birthplace Fairfield Co. Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Fisher
(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 7/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Missouri

19. (a) 7-24-48 (b) Pess Holtz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 10th 1948 to July 18th 1948; that I last saw him alive on July 18th 1948; and that death occurred on the (date and hour stated above).

Immediate cause of death Septicemia Duration 4 wks

Due to multiple Decubitus Ulcers 3 mo

Due to general Arteriosclerosis 30 yrs

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations no operations Of autopsy no 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? _____
(Specify type of place) (e) Means of injury _____

23. Signature Ed Dean (M. D. or other) _____
Address Maryville Mo Date signed 7-20-48

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

DISTRICT HEALTH OFFICE
COLUMBIA, 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 *John W. Price*
Licensed Embalmer No. *4281*
P. O. Address *Maryville Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.