

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32770
Registrar's No. 33

FILED OCT 18 1948

Registration District No. 144

Primary Registration District No. 4234

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

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

3: (a) PRINT FULL NAME Walter Hugh Fisher
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Margarett M. Fisher 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 21 1857
(Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Fisher Jr.
(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 10-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director White Funeral Home
(b) Address Ironton Mo.

19. (a) 10-14-48 (b) Miss Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron 47
(c) City or town Ironton 2
(If outside city or town limits, write "RURAL") 3
(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 October day 4
year 1948 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from 10-2-48, 19____, to 10-4-48, 19____;
that I last saw him alive on 10-4-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure Duration 10-4-48
Due to chronic myocarditis ?
Due to Influenza ?
Other conditions Senility ?
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy aut
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 P. E. Garland (M. D. or other) M.D.
Address Ironton, Mo Date signed 10-7-48

RECEIVED

District Health Officer No. 4
District File Number 1048-128
Date Filed 10-16-48

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 Ruel J. White
Licensed Embalmer No. 3012
P. O. Address San Antonio, Texas

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.