DEC'D NOV 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35835
Do not use this space.

1. PLACE OF DEATH
(a) County Howard — Registration District No. 380
(b) Township — Primary Registration District No. 4224 — Registered No. 26
(c) City New Franklin — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Grant Fisher
(a) Residence, No. 260 New Franklin, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs Cora Ann Taylor Fisher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1865
7. AGE: YEARS 73 — MONTHS 5 — DAYS 20. — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marrietta Ohio 1

FATHER
13. NAME John H. Fisher 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 5

MOTHER
15. MAIDEN NAME Jane McMillian
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs S. G. Fisher New Franklin, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant DATE 10/30/38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. S. Plunkett New Franklin Mo.
20. FILED 10-30-, 1938 Clara V. Landrum Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1938, to Oct 28, 1938
I last saw him alive on Oct 28, 1938. Death is said to have occurred on the date stated above, at 1:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	unknown
93 P!	

Other contributory causes of importance:

Hypertension	unknown
Coronary sclerosis	"

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G. L. Chamberlain M.D.
(Address) New Franklin Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

IVED
ct Health Officer No. 8,
t File Number 4/4/38
Filed

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 H. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin

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

If this body is not embalmed, above space should be left blank.