WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

61

REC'D JAN 20 1939

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

43732
Do not use this space.

1. PLACE OF DEATH

(a) County Macon 3 Registration District No. 533

(b) Township Hudson 2 Primary Registration District No. 5713 Registered No. 83

(c) City Macon (d) Street No. Still Hildreth Sanatorium
(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 260 Mrs Lillian Fisher

(a) Residence, No. Auburn N. Y. 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: widow - D. K.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 13, 1880

7. AGE: ~~58~~ YEARS 58 MONTHS 5 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Whitesboro, N.Y.

FATHER
13. NAME: Jason L. Crondell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unkown G

MOTHER
15. MAIDEN NAME: Harton Crondell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unkown G

17. INFORMANT (ADDRESS): Dr. Harry Fisher Auburn N.Y.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Whitesboro NY DATE Dec. 20 1938

19. FUNERAL DIRECTOR (ADDRESS): Albert Skinner Macon Mo

20. FILED 1/3 1939 Leota Newton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1938, to Dec 17, 1938
I last saw her alive on Dec 16, 1938. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset: Dec 17 138

Other contributory causes of importance:

Name of operation none 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?
If so, specify
(Signed) Anna L. Maisch D.O.
476 (Address) Macon Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-38-920
Date Filed 1/12/38

STATEMENT BY LICENSED EMBALMER

I, Russel Barber, Licensed Embalmer No. 3848

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Russell Barber

Licensed Embalmer No. 3848

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.)