

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.

AUG 16 1939

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

26394  
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway <sup>2</sup> Registration District No. 625  
(b) Township Maryville <sup>1</sup> Primary Registration District No. 2031 Registered No. 92  
(c) City Maryville (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

203 Donald Wayne Fish  
(a) Residence, No. 1109 N. Mulberry, Maryville, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
6 22

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.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Maryville, Mo  
(STATE OR COUNTRY)

FATHER 13. NAME Clarence B. Fish

14. BIRTHPLACE (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Dorothy V. Rush

16. BIRTHPLACE (CITY OR TOWN) Maryville  
(STATE OR COUNTRY) Mo

17. INFORMANT Clarence B. Fish  
(ADDRESS) Maryville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Patnell, Mo DATE 7-3 1939

19. FUNERAL DIRECTOR (NAME) Price Funeral Home  
(ADDRESS) Maryville, Mo

20. FILED 7-3 1939 Mamie C. Clardy  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-2<sup>nd</sup> 1939, to 7-3<sup>rd</sup> 1939

I last saw him alive on July 2<sup>nd</sup> 1939. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis  
Peritonitis andvolvulus bowel  
Date of onset 7-1-39

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) L. E. Degan, M. D.  
(Address) Maryville Mo

RECEIVED

Health Officer No. 11;  
District File Number 839-1080  
Date Filed AUG 14 1939

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.....

Clem M. Price

Registered Apprentice No.....

working under my personal supervision.

Signed

Clem M. Price

Licensed Embalmer No.....

1822

P. O. Address

Manville, N.

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

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