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.

Troo Rohre

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

32688
Do not use this space.

OCT 9 1939

1. PLACE OF DEATH
(a) County Jasper 2 Registration District No. 411
(b) Township Primary Registration District No. 2002 Registered No.
(c) City Joplin (d) Street No. 303 Schifferdecker 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 260 Mollie Fisher
(a) Residence, No. 303 Schifferdecker St. 3 yrs.
(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 Fem
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Fisher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1863
7. AGE YEARS 76 MONTHS 3 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. house wife
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) Virginia

FATHER
13. NAME Hobbs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record available

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) J. Walker 303 S. Schifferdecker
18. BURIAL, CREMATION, OR REMOVAL
PLACE Tulsa Ok Memorial Pk DATE Sep 16 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Burlington Co Joplin Mo
20. FILED 9-16 1939 Ed D James Local Registrar. 372

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 14, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939 to Sept 13, 1939
I last saw her alive on Sep 1, 1939. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

Malignancy 52 (Cancer) left eye + cheek.

Date of onset

Other contributory causes of importance: From history. Primary bridge of nose

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? no 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) W H Troolshire, M. D.
(Address) Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

IVED FILED STATE OFFICE
CARD RETURNED TO DISTRICT
TE 9/21/7

AUG 24 1951

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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