

FILED MAR 21 1940

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

6228

Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 138
(b) Township Egypt Primary Registration District No. 4074 Registered No. 37
(c) City Norborne (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Brownfield Fisher
(a) Residence, No. _____ (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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lila Fisher</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCT. 24, 1872</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>4</u>
		DAYS
		<u>13</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Lumberman</u>		
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) <u>Aug. 1939</u>		
11. Total time (years) spent in this occupation <u>23 yrs.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Elizabethtown Kentucky</u>		
13. NAME <u>George Fisher</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisville Kentucky</u>		
15. MAIDEN NAME <u>Alice Brownfield</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Elizabethtown Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Mrs. J. B. Fisher Norborne Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairhaven</u> DATE <u>Mar. 19 1940</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>W. T. Stroud Norborne Mo.</u>		
20. FILED <u>3-18-1940</u> <u>B. C. Cole</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1940 to 3-17-, 1940
I last saw him alive on 3-17-, 1940 Death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostate
Date of onset 2-1-40

Other contributory causes of importance:
51

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) B. C. Cole, M. D.
(Address) Norborne Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8
District File Number
3-20-KO
Date Filed

STATEMENT BY LICENSED EMBALMER

I, M. P. Stroud, Licensed Embalmer No. 2406

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 M. P. Stroud
Licensed Embalmer No. 2406

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.)