DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22009

FILED JUL 12 1940

Registration District No. 411 — Primary Registration District No. 2002 — Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 606 Ozark St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 3 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin (If outside city or town limits, write "RURAL")

(d) Street No. 606 Ozark (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas Fisher 260

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June 3, 1859 (Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 23 If less than one day hr. min.

9. Birthplace England (City, town, or county) (State or foreign country)

10. Usual occupation Civil Engineer

11. Industry or business

FATHER
12. Name Issac Fisher
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mollie Fisher

(b) Address Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-40 (Month) (Day) (Year)

(c) Place: burial or cremation Carl Jct Cemetery

18. (a) Signature of funeral director Thornhill Dillon

(b) Address Joplin Mo.

19. (a) 6-27-40 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th year 1940 hour 11:10 minute P M.

21. I hereby certify that I attended the deceased from 1-16, 1940 to 6-12, 1940 that I last saw him alive on 6-12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis -	
Due to been in bed 7 years -	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 372 (Specify type of place)

While at work? (e) Means of injury

23. Signature Ed D James (M. D. or other)

Address Joplin Mo. Date signed 7-1-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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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 Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin Mo

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.)

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