

Registration District No. **426**

Primary Registration District No. **5581**

Registrar's No. **9**

JUL 17 1940

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Denton Chilhowee
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether
 In this community 2
years, months or days)

3. (a) PRINT FULL NAME Martha Fisher 260

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife R. S. Fisher 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased February 7 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 25 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation At Home

11. Industry or business ✓ 9

12. Name Wm. Shoemaker 9

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

14. Maiden name Mary Frazier

15. Birthplace Unknown ✓
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Fisher

(b) Address Denton Missouri

17. (a) New Liberty Cemetery (b) Date thereof June 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty Cemetery

18. (a) Signature of funeral director M. Goldman

(b) Address Holden Mo

19. (a) June 10-40 (b) O. K. Wood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
 (c) City or town Denton
(If outside city or town limits, write "RURAL")
 (d) Street No. ✓
(If rural, give location)
 (e) If foreign born, how long in U. S. A? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
 year 1940 hour 11:50 minute P.M.

21. I hereby certify that I attended the deceased from June 17
1938, to June 2, 1940;
 that I last saw her alive on May 30, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93C

Due to _____

Other conditions Arteriosclerosis & Chronic Rheumatoid Arthritis

Major findings: Of operations _____

Of autopsy _____

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? 862

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Kelly Rawlins (M. D. or other) 1

Address Holden Mo Date signed 6/4/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-15-40

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 Samuel B. Royce

Licensed Embalmer No. 4044

P. O. Address Holden Mass

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.