

Registration District No. 440

Primary Registration District No. 5849

Registrar's No. 25

1. PLACE OF DEATH: Osage County
 (a) County _____
 (b) City or town _____ Linn, Mo.
 (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 _____ (Specify whether _____)
 In this community _____ 60 years
 years, months or days

3. (a) PRINT FULL NAME Christopher Fisher
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Betty Laughlin Fisher 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 10th, 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 2 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Fisher

13. Birthplace Germany 6
 (City, town, or county) (State or foreign country)

14. Maiden name Christine Platte

15. Birthplace Germany 6
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loyd Thomas

(b) Address Linn, Mo.

17. (a) Burial (b) Date thereof 11-14-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn Public Cemetary

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Linn, Mo.

19. (a) 11-13 (b) Mrs. Roy Jett
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Osage
 (c) City or town Linn, Mo.
 (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.? 65 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day Nov. 12
 year 1940 hour 5 o'clock minute _____ P. M.

21. I hereby certify that I attended the deceased from March 2
1939, to Nov 12, 1940
 that I last saw him alive on Nov 12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary of stomach
 Due to _____

Due to _____

Other conditions 46
 (Include pregnancy within 3 months of death)

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?
571 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Jas Williams (M. D. or other) _____

Address _____ Date signed _____

Duration

1 year.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FILED DEC 21 1940

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Law

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

If this body is not embalmed, fact should be so stated above.