

Registration District No. **17**

Primary Registration District No. **4011**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County **Atchison**  
 (b) City or town **Fairfax, Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **6 yrs. 6 mo.** (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME **Delbert Franklin Disher**

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 **(Harris) Disher** 6. (c) Age of husband or wife if alive **64** years  
 7. Birth date of deceased **Mar. 9 1871**  
 (Month) (Day) (Year)

8. AGE: Years **69** Months **10** Days **18** If less than one day hr. min.

9. Birthplace **Bourbon Ind.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Thos. Disher**

13. Birthplace **Ind.**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Frances Jordan**

15. Birthplace **Ind.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Ms Ethel Disher**

(b) Address **Fairfax Mo.**

17. (a) **Pleasant Ridge Cemetery** Date thereof **Jan. 29-1941**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge Cemetery**

18. (a) Signature of funeral director **N N Behrder 7 Son**

(b) Address **Fairfax, Mo.**

19. (a) **Jan. 29-1941** (b) **Hetta B. Black**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Atchison**  
 (c) City or town **Fairfax**  
 (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. **10** years

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Jan.** day **27**  
 year **1941** hour **Two** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **1-15-41** to **Jan 26 1941**; that I last saw him alive on **Jan 26 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of urinary bladder**  
 Duration **6/29/40**

Due to **51 1/2**

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? **15**

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

23. Signature **H C Beerman** (M. D. or other) **MD**

Address **Fairfax, Mo.** Date signed **1/28/41**

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.

**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 Harwin H. Schoeler

Licensed Embalmer No. 4162

P. O. Address. Fairfax, 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.**