

No. 2
4-13-40
5-17-39
K23159

FILED MAR 25 1941

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 1767

600
17
9
By aff 3/13/41
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Barnard Skin Cancer
(If not in hospital or institution, write street number or location)

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

In this community 2 Wks
years, months or days

3. (a) PRINT FULL NAME David Albert Fisher

3. (b) If veteran, name war no

3. (c) Social Security No. Feb

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Hancy Fisher

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Dec 5 (Month) 1872 (Day) 1864 (Year)

8. AGE: Years 68 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business R.R.

12. Name Wnk 9

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

14. Maiden name Wnk

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

16. (a) Informant Anna Louise Jenner

(b) Address 14019 Missouri Ave

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 2-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation Carbondale Ill

18. (a) Signature of funeral director Joe Vanalla

(b) Address Carbondale Ill

19. (a) FEB 25 1941 (Date received local registrar)

(b) J. T. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 779

(a) State Illinois (b) County 11

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1941 hour 10:00 minute P M.

21. I hereby certify that I attended the deceased from 1/14/41, 1941, to 2/22, 1941; that I last saw him alive on 2/22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of bladder
urinary

Due to: Carcinoma of bladder
urinary

Due to: _____

Other conditions (Include pregnancy within 3 months of death) 57

Major findings: Of operations Carcinoma of bladder
urinary

Of autopsy 57

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? _____

(Specify type of place) _____

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

23. Signature William H. Gray (M. D. or other) MD

Address Carbondale Ill Date signed 2/24/41

Duration

2 mos

8 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

1767
1767

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 Neal Paulson

Licensed Embalmer No. 4114

P. O. Address. St. Louis, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 701

Primary Registration District No. _____

Registrar's No. 1767

1. PLACE OF DEATH:

(a) County 1002
(b) City or town _____
(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 _____
years, months or days)

3. (a) PRINT FULL NAME David Allen Fisher

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

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 5th, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 17 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/ day 22
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____

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

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

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

5-5519

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Illinois
County of Jackson } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1767

On this 11 day of March, 1941, before me appears Nancy Fisher
of Carbondale Ill., who, upon her oath, states that the original record of ~~birth~~ death
for David Allen Fisher died February 22, 1941, in the State of
~~born~~ Missouri, and which was filed at St. Louis on 2/25/41, 19 , should be corrected as follows:

Item No. three should read December 5th, 1872

Instead of December 4th, 1864

Item No. five should read age- 68 yrs, 2 months-17 days

Instead of 76 yrs. 2 months-18 days.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Nancy Fisher Wife
Relationship.

312 W. Cherry St. Carbondale, Ill.
Present Address.

Subscribed and sworn to before me this 11th day of March, 1941.

My Commission expires 5-18-1944

Gene Cherry Notary Public