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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941 13

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6735

Primary Registration District No. 3014

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: Corner McCarty and Monroe Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole Co.

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

(d) Street No. 317 Jackson St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John W. Fisher

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 Ida Fisher

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January (Month) 17 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
68	1	8	hr. min.

9. Birthplace Linn, Missouri (City, town, or county) O (State or foreign country)

10. Usual occupation Retired Pressman

11. Industry or business " "

FATHER
12. Name Not Known
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Fisher

(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-27-1941 (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 2-26-41 (Date received local registrar) (b) W. Bedford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1941 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 12, 1941, to Feb 25, 1941; that I last saw alive on Feb 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Heart Disease, Sudden death	1 yr
Due to —	
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? — (Specify type of place)

While at work? (e) Means of injury

23. Signature Jas. A. Hellums (M. D. or other) O

Address Jefferson City Mo Date signed 2-26-41

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City, Mo

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

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