

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18209

Registration District No. 429

Primary Registration District No. 5585

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural (Grover) Mo.
(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
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson
(c) City or town Rural
(d) Street No. Grover Township
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME George Will Fisher

3. (b) If veteran, name war none (c) Social Security No. None

4. Sex male (b) Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Rose Fisher
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased Nov. 21 1860

8. AGE: Years 80 Months 5 Days 24 hr. min.

9. Birthplace Johnson County Mo.

10. Usual occupation Farmer

11. Industry or business

12. Name Dan Taylor Fisher
13. Birthplace unknown
14. Maiden name Julia Maddox
15. Birthplace Mo.

16. (a) Informant Theodore Fisher
(b) Address Knot Noster, Mo.

17. (a) Burial (b) Date thereof May 15 1941
(c) Place: burial or cremation Marshall Cemetery

18. (a) Signature of funeral director C. L. Sauls
(b) Address Knot Noster, Mo.

19. (a) May 13 1941 (b) Richard E. Thurston

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1941 hour 5:30 minute a. M.

21. I hereby certify that I attended the deceased from May 11 1941 to May 12 1941 that I last saw him alive on May 11 1941 and that death occurred on the date and hour stated above

Immediate cause of death nephritic chronic

Due to 12/6
Due to

Other conditions Prostatic Edema

Major findings: Punctured diaphragm & heart

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
303 (Specify type of place)
While at work? (e) Means of injury

23. Signature J. E. Porter M.D. (M. D. or other)
Address Knot Noster Mo Date signed 5/12/41

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

MOTHER, FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

PO

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-9-41

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.....

Rudley P Saults
working under my personal supervision.

Registered Apprentice No. *249*

Signed *C. L. Saults*

Licensed Embalmer No. *1086*

P. O. Address *Knob Yoster M*

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, above space should be left blank.