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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27996

Registration District No. 163 Primary Registration District No. 4095 Registrar's No. 45

1. PLACE OF DEATH:

(a) County: Cedar
(b) City or town: El Dorado Springs
(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 years, months or days)
In this community: 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cedar
(c) City or town: El Dorado Springs
(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 .....

3. (a) PRINT FULL NAME: ISAAC MELVIN FISHER.

3. (b) If veteran, name war: no.

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: wife Ina May Fisher

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

7. Birth date of deceased: Oct (Month) 22 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
86	10	4	..... hr. ..... min.

9. Birthplace: Franklin Co Ohio / (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business .....

FATHER
12. Name: Joseph Fisher
13. Birthplace: Ohio / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Rhoda Davidson
15. Birthplace: Va. / (City, town, or county) (State or foreign country)

16. (a) Informant: Laura Henderson
(b) Address: Washington Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 29 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Clintonville Cem

18. (a) Signature of funeral director: Carolyn Nafus.
(b) Address: 206 S Main El Dorado Springs Mo

19. (a) 8-28-41 (Date received local registrar) (b) J H Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1941 hour 8:10 minute P M.

21. I hereby certify that I attended the deceased from Aug 15th, 1941, to Aug 26, 1941; that I last saw him alive on Aug 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chronic

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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

23. Signature: J H Dawson (M. D. ~~or other~~)
Address: El Dorado Sprs. Date signed 8-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
D... Health Officer No. 7,
Registrar's Number 9-41-1659
Date Filed 9-11-41

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Mrs Carolyn Nafus

Licensed Embalmer No. 2635

P. O. Address El Dorado Spgs.

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.