

Registration District No. 799

Primary Registration District No. 6043

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Rural

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

(c) City or town Slater, R. F. D.

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Eugene Fizer

(b) If veteran. name war. none

(c) Social Security No. 496-07-4303

4. Sex male

5. Color or race white

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

(b) Name of husband or wife Lelah Fizer

(c) Age of husband or wife if alive 55 years

7. Birth date of deceased. Feb. 26 1876

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>6</u>	<u>6</u>	hr. min.

9. Birthplace Saline Co. Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Samuel Fizer

13. Birthplace Kentucky

(City, town, or county) (State or foreign country)

14. Maiden name Martha Mayfield

(City, town, or county) (State or foreign country)

15. Birthplace Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lelah Fizer Slater, Mo.

(b) Address burial

17. (a) _____ (b) Date thereof 9-4-'41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater, Mo.

18. (a) Signature of funeral director Hill Brothers Slater, Mo.

(b) Address _____

19. (a) Sept 4, 1941 (b) Ella Alexander

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd

year 1941 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from July 6 1941 to Sept 2 1941

that I last saw in alive on Sept 2 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation Duration _____

Due to Tidney involvement and High B.P.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature W. H. Buckles (M. D. or other) MD

Address Sept 4, 1941 Date signed _____

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

77
00

SEP 22 1941

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..... *A.C. Hill*.....

Licensed Embalmer No..... *3090*.....

P. O. Address..... **Slater, 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.