No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35646

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 134

1. PLACE OF DEATH:

(a) County Nodaway O. Tex
(b) City or town Maryville Mo
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway 74
(c) City or town Maryville Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes name country

3. (a) PRINT FULL NAME MARY FISHER AUER

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

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 (Month) 10 (Day) 1861 (Year)

8. AGE: Years 79 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Germany 4 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Fisher
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dont Know
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant A. L. Auer
(b) Address Ravenwood Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 20 (Day) 41 (Year)
(c) Place: burial or cremation Conception Mo
18. (a) Signature of funeral director Proctor & Phillips
(b) Address Conception Mo
19. (a) Oct 19 1941 (Date received local registrar) (b) Mamie E Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18 year 1941 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from 1935 to Oct 2 1941 that I last saw her alive on Oct 2 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis (Pale not known)	
Due to General Arteriosclerosis (not known)	
Due to	
Other conditions Chronic Osteomyelitis of rt tibia (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations —
Of autopsy — 94a

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 J. W. Bleamer (M. D. or other)
Address Maryville Mo Date signed 10/19/41

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1942

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 Layton F. Phillips

Licensed Embalmer No. 1898

P. O. Address.....

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.