

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

37903  
Do not use this space.

DEC 23 1941

**1. PLACE OF DEATH**

(a) County Butler Registration District No. 89  
 (b) Township Ash Hill Primary Registration District No. 5131  
 (c) City Fisk (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mo. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

FANNIE EMALINE QUEEN  
 (a) Residence, No. FISK MD St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Queen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 3 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Own Home  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesboro, Ill.

FATHER 13. NAME John Litchfield

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edinburgh, Ky.

MOTHER 15. MAIDEN NAME Martha Andrews

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver, Penna.

17. INFORMANT (ADDRESS) John Smith  
Fisk, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Hill DATE 12-1-41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wayne Russell  
Fisk, Mo.

20. FILED 12-6- 19 41 Belle Turner  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 19 41

22. I HEREBY CERTIFY, That I attended deceased from Nov-14 1941, to Nov-30 1941

I last saw him alive on Nov-14- 1941. Death is said to have occurred on the date stated above, at 11:55 PM

The principal cause of death and related causes of importance were as follows:

Cancer of the uterus Date of onset 15-41  
HP

Other contributory causes of importance: Metastasis to the liver 11-12-41

Name of operation None Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed) Wayne Russell M. D.

(Address) Fisk, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Office No. 2

District File Number 1241-1711

Date Filed 12-16-41

**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 .....

Licensed Embalmer No. ....

P. O. Address .....

**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, above space should be left blank.**