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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1942

Registration District No. 547

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3039

State File No. 42481

Registrar's No. 323

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

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3
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1. PLACE OF DEATH:

(a) County: Marion

(b) City or town: Hannibal City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence; Harrison Hill
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion 064

(c) City or town: Hannibal 3 4
(If outside city or town limits, write "RURAL")

(d) Street No.: Harrison Hill
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Roberta Curts Fisher

3. (b) If veteran, name war: —

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Frank W. Fisher

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: August 26, 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	3	4	hr. min.

9. Birthplace: Hannibal Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Robert A. Curts

13. Birthplace: Hannibal Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name: Jennie Smith

15. Birthplace: Ralls County Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Frank W. Fisher

(b) Address: Harrison Hill Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Crawford Smith

(b) Address: 902 Broadway, Hannibal Missouri

19. (a) 12-3-41 (Date received local registrar) (b) M. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month december day 1 year 1941 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from 11-29, 1941, to 12-1, 1941; that I last saw h[illegible] alive on 11-29-41, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	5 minutes
Due to: Coronary Atherosclerosis	
Due to: "	
Other conditions: no (Include pregnancy within 3 months of death)	
Major findings: Of operations: no	
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): no

(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: [illegible] (M. D. or other) D

Address: Hannibal Mo. Date signed 12-2-41

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(Licensed Embalmer's Statement on Reverse Side)

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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.