

JAN 13 1942 702

Registration District No. _____

Primary Registration District No. 4423

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Fair Play, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Lewis F. Fisher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Marjorie

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Aug 4 - 1st 1920
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>4</u>	<u>5</u>	hr. _____ min.

9. Birthplace Cedar County
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Laborer

11. Industry or business _____

12. Name Edgar Fisher

13. Birthplace Cedar, County
(City, town, or county) (State or foreign country)

14. Maiden name Mazy Bugg

15. Birthplace Cedar County
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edgar Fisher

(b) Address Fair Play, Mo.

17. (a) Burial (b) Date thereof 12-8-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director Barber & Erwin

(b) Address Fair Play, Mo.

19. (a) Dec. 16 41 (b) L. L. Hunt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk

(c) City or town Fair Play
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1941 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 7
19 41 to Dec 6 19 41
that I last saw h im alive on Dec 6 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Acute intestinal obstruction
Duration 3 day

Due to _____

Due to 26a

Other conditions Tularemia
(Include pregnancy within 3 months of death) 3 weeks

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 _____

23. Signature Chas H Brown (M. D. or other) _____

Address Fair Play Mo Date signed _____

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

RECEIVED

District Health Officer No. 7

District File Number 12-41-2140

Date Filed 1-8-42

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.