

FILED MAR 2 1942

Registration District No. 3

Primary Registration District No. 4184

Registrar's No. 6

37
20

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

1. PLACE OF DEATH: Gasconade
 (a) County: Gasconade
 (b) City or town: Owensville, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Residence Owensville, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 43 years
 years, months or days

3. (a) PRINT FULL NAME: Mary Josephine 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: Widowed
 6. (b) Name of husband or wife: Frank Fisher 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: May 12 1851
 (Month) (Day) (Year)

8. AGE: Years 90 Months 8 Days 21 If less than one day hr. _____ min.

9. Birthplace: Unknown Czechoslovakia
 (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER { 12. Name: Joseph Houska
 13. Birthplace: Unknown Czechoslovakia
 (City, town, or county) (State or foreign country)
 14. Maiden name: Rosie Unknown
 15. Birthplace: Unknown Czechoslovakia
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. A. J. Murtle
 (b) Address: Owensville, Mo.

17. (a) Burial (b) Date thereof: Feb. 6. 42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Catholic Cem. Owensville, Mo.

18. (a) Signature of funeral director: J. J. Murray
 (b) Address: Owensville, Mo.

19. (a) Feb. 5, 1942 (b) Ullio Koch
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 37
 (a) State: Mo. (b) County: Gasconade
 (c) City or town: Owensville
 (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.: 69 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
 year 1942 hour 10: minute 00 P.M.

21. I hereby certify that I attended the deceased from 1-14-42
1-14 1942 to 2-3-42 1942;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
 Duration _____
 Due to _____
 Due to _____

Other conditions: Arteriosclerosis
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: No

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: X
 23. Signature: Eddal Mellies (M. D. or _____)
 Address: Owensville, Mo. Date signed: 2-6-42

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 Robert M Murray

Licensed Embalmer No. 3749

P. O. Address Owensville, 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, above space should be left blank.