

FILED SEP 9 1942

State File No.

Registration District No. 322

Primary Registration District No. 3071

Registrar's No.

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
528 Grandview Lane
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 15 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Saline
 (c) City or town Slater
(If outside city or town limits, write "RURAL")
 (d) Street No. 528 Grandview Ave
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME ELSIE HUCKABY FISHER
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 1
 year 1942 hour 5 minute 35 P.M.
 21. I hereby certify that I attended the deceased from July 20
1942 to Sept 1, 1942
 that I last saw her alive on Sept 1, 1942
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife William Riley Fisher 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Feb - 8 - 1884
(Month) (Day) (Year)

Immediate cause of death Cancer of Stomach
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
58 6 23 hr. min.

9. Birthplace Pattin Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER
 12. Name Felix Huckaby
 13. Birthplace Tenn
(City, town, or county) (State or foreign country)
 14. Maiden name Lama Jones
 15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Myrtle Beeler
 (b) Address Slater MO

17. (a) Burial (b) Date thereof 9-3-1942
(Burial, cremation, or other) (Month) (Day) (Year)
 (c) Place: burial or cremation Ridge Park Cem Marshall MO

18. (a) Signature of funeral director Harry Heroldinger
 (b) Address Marshall MO

19. (a) 9-2-42 (b) Mrs John Ager
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations.....
 Of autopsy.....

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) (M. D. of owner)
 23. Signature E. W. Caldwell (M. D. of owner)
 Address Slater MO Date signed 9-2-42

Duration
 Physician
 Underline the cause to which death should be charged statistically.

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

97
 2
 1

1211

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-7-42

AUG 13 1947

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

Fred Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Clinton Md

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.