

FILED: OCT 10 1942
Registration District No. **236**

Primary Registration District No. **5819**

71
00

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

1. PLACE OF DEATH:

(a) County **MORGAN.**
(b) City or town **(RURAL) OSAGE**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 YRS.** (Specify whether years, months or days)

In this community **4 YRS.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **MORGAN. 71**
(c) City or town **(RURAL) OSAGE. 0**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **NO.** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **GORA L. FISH.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **486-26-6590**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **MARRIED.**

6. (b) Name of husband or wife **WILL FISH** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **SEPT. 15, 1880**
(Month) (Day) (Year)

8. AGE: Years **61** Months **11** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **MORGAN CO. MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE - HOME**

11. Industry or business _____

12. Name **JOHN WEBSTER**

13. Birthplace _____ **OHIO**
(City, town, or county) (State or foreign country)

14. Maiden name **OLLIE HELEN FINGER.**

15. Birthplace _____ **OHIO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Willie Selmer**
(b) Address **Versailles, Mo.**

17. (a) **BURIAL** (b) Date thereof **9/11/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VERSAILLES CEM. P.**

18. (a) Signature of funeral director **J. F. Russell**
(b) Address **Versailles Mo.**

19. (a) **9-11-1942** (b) **Ray Berbstreiser**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **9th**, year **1942**, hour **11** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Sept 9** to **Sept 9** 19**42** that I last saw him alive on **Sept 9** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Phlebotomosis** Duration **3 Days**

Due to _____

Due to _____

Other conditions **Neuritis Arthritis**
(Include pregnancy within 3 months of death) **Deformities**

Major findings: _____

Of operations _____

Of autopsy **9/10**

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 **J. B. Bradburn** (M. D. or other) **MD.**
Address **Versailles Mo.** Date signed **9/10/42**

#F

OCT 16 1942

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1090

Date Filed 10-7-42

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 W. H. Kimmel

Licensed Embalmer No. 1596

P. O. Address Wexler, Me

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.