. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

7
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36602

FILED DEC 11 1942

Registration District No. 28

Primary Registration District No. 4031

Registrar's No. 18

1. PLACE OF DEATH:

(a) County BATES

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 YRS—
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO- (b) County BATES 7 0

(c) City or town ADRIAN 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME CAROLINE L. FISHER

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race W-

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

6. (b) Name of husband or wife FRED FISHER

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

7. Birth date of deceased MARCH (Month) 25 (Day) 1870 (Year)

8. AGE: Years 72 | Months 7 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace ILLINOIS (City, town, or county) / (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name — IBETSON
13. Birthplace no record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name no record
15. Birthplace — — (City, town, or county) 9 (State or foreign country)

16. (a) Informant Fred Fisher
(b) Address Adrian Mo

17. (a) Burial- (Burial, cremation, or removal) (b) Date thereof 11-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation CRESCENT HILL

18. (a) Signature of funeral director Booths
(b) Address Butler Mo

19. (a) 11-12-42 (Date received local registrar) (b) Claude [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1942 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Aug 15th, 1938, to Nov 9th, 1942;
that I last saw her alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131b

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature R D LaHue (M. D. or other) MD
Address Butler Mo Date signed 11-11-42

1299

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1942

RECEIVED
District Health Officer No. 7
District File Number 12-42-1359
Date Filed 12-10-42

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Ind.

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.