

FILED DEC 8 1942 74

Registration District No. _____

Primary Registration District No. 3052

Registrar's No. 376

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
215 So. Quincy
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL.")
(d) Street No. 215 So. Quincy
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James H. 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 Wid.

6. (b) Name of husband or wife Mattie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 12 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Florence Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name John Henry Fisher

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

14. Maiden name Anna Elizabeth Kurtz

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

16. (a) Informant Mrs. J. T. Heerman

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 11/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Sheppard

(b) Address Sedalia, Mo.

19. (a) 11/28/42 (b) Mrs. Anna Berger
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1942 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 23
1942 to Nov. 25, 1942
that I last saw him alive on Nov. 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions Chronic mitral regurgitation
(Include pregnancy within 3 months of death)

Major findings: no operation
Of operations: _____

Of autopsy not made

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no injury

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

23. Signature Chas. A. McNeil (M. D. or other)
Address 1123 W 7th Sedalia Date signed Nov 28 1942

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

80
76

m-37762

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-1-42

*Approved + Filed
12-1-42*

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 L. E. Boulton

Licensed Embalmer No. 3867

P. O. Address Seclusion 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, fact should be so stated above.