

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 7 1943

Registration District No. 100

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5382

State File No.

Registrar's No. 80

40637

1. PLACE OF DEATH:

(a) County Deer  
(b) City or town Rural - Osage Township  
(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 8 months (Specify whether years, months or days)  
In this community 8 months

3. (a) PRINT FULL NAME

Glenwood 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 Single  
6. (b) Name of husband or wife: None 6. (c) Age of husband or wife if alive: 1930 years  
7. Birth date of deceased: April 7 (Month) (Day) (Year)

8. AGE: Years 12 Months 8 Days 9 If less than one day hr. min.

9. Birthplace: Deer County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: School boy

11. Industry or business: Dom.

12. Name: Ganey C. Fisher

13. Birthplace: Reynolds County Missouri (City, town, or county) (State or foreign country)

14. Maiden name: None

15. Birthplace: Deer County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Ganey C. Fisher

(b) Address: Deer County Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 17 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Good Cemetery

18. (a) Signature of funeral director: None

(b) Address: None

19. (a) 12-16-42 (Date received local registrar) (b) J. W. McLeod (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deer  
(c) City or town Rural -  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 miles SE of Deer Missouri (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16 year 1942 hour 3:25 minute 9 M.

21. I hereby certify that I attended the deceased from December 13 1942 to December 16 1942 that I last saw him alive on December 15 1942 and that death occurred on the date and hour stated above.  
Immediate cause of death: Memorized from record -

Due to Enteritis and Ulceration 30 days

Due to None

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations: 1200

Of autopsy: None

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? (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) (c) Means of injury: None

23. Signature: F. W. Smith M.D. (M. D. or other) M.D.

Address: Salem Missouri Date signed: 12-16-42

(Licensed Embalmer's Statement on Reverse Side)

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

33  
0  
0

33  
0  
0

1177

RECEIVED  
District Health Officer No. 8  
District File Number 14311  
Date Filed 1-6-43

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**