

No. 2
-5-42
-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40900**

FILED JAN - 8 1942
1942

Registration District No. **744**

Primary Registration District No. **4234**

Registrar's No. **78**

1. PLACE OF DEATH:

(a) County **Iron**
(b) City or town **Ironton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **David John FISHER**

3. (b) If veteran, _____ No. _____
name war _____
3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **Dec. 18 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 45 min.

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

10. Usual occupation **none**

11. Industry or business _____

12. Name **Joseph Fisher**

13. Birthplace **Ironton Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Thelma Helton**

15. Birthplace **Carter County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Fisher**

(b) Address **Ironton Mo.**

17. (a) **burial** (b) Date thereof **12-19-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Arcadia Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **A. White Ironton Mo.**

19. (a) **12-22-42** (b) **Virginia R. Miller**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **18**
year **1942** hour **9** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Dec. 18 1942** to **Dec. 18 1942**
that I last saw him alive on **Dec. 18, 1942**
and that death occurred on the date and hour stated above.
Immediate cause of death **Premature birth** Duration **1 3/4 hrs.**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **159**

Major findings:
Of operations _____
Of autopsy _____

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 _____

23. Signature **Ben W. Bull** (M. D. or other) **M.D.**
Address **Ironton, Mo.** Date signed **12-22-42**

1203

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4
District File Number 143-1384
Date Filed 1-7-43

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.....

was not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed *Paul J. White*.....

Licensed Embalmer No. 3012.....

P. O. Address *Springer 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.