

FILED FEB 11 1943

Registration District No. 373

Primary Registration District No. 6270

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Union Township - Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution X
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 11/2

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

(d) Street No. Union Township (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country X 1

(a) PRINT FULL NAME Isaac Tillman Fite

3. (b) If veteran, name war X 3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1943 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 1-10 1943 to 1-13 1943
that I last saw him alive on 1/10/43 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased: December - 14 - 1898
(Month) (Day) (Year)

Immediate cause of death Obstruction of bowels

Due to cancer of stomach

Due to

Other conditions (include pregnancy within 3 months of death) 46 lb

8. AGE: Years 44 Months no Days 29 If less than one day X hr. X min.

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

10. Usual occupation Frisco R.R. shop employee

11. Industry or business Railroad Roundhouse

12. Name Isaac Fite

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

14. Maiden name Dora Bethel

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

16. (a) Informant Miss Leah Fite

(b) Address Rader, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43
(Month) (Day) (Year)

(c) Place: burial or cremation Good Spring

18. (a) Signature of funeral director Rex Rainey

(b) Address Marshfield, Mo.

19. (a) 2/1/43 (Date received local registrar) (b) [Signature] (Registrar's signature)

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?

(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 D

23. Signature [Signature] (M. D. or other) MD

Address Conway Date signed 1-16-42

RECEIVED

District Health Officer No. 6,

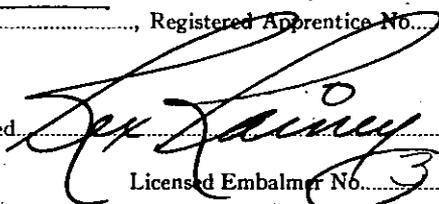
District File Number 234-169

Date Filed FEB 8 1943

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.

3312

P. O. Address

Marshfield, 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.