

FILED MAR 5 1943

Registration District No. 5343

Primary Registration District No. 3010

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
So. E. Mo. Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 days years, months or days)

3. (a) PRINT FULL NAME Lee Fisher

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed 2

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years (Day) (Year)

7. Birth date of deceased. Aug. 10 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 24 hr. min.

9. Birthplace Bollinger Co. 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Robert Fisher

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

14. Maiden name Sarah Crites

15. Birthplace Bollinger Co. 0 Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant D. L. Fisher
(b) Address Sank, Mo.

17. (a) Burial (b) Date thereof Feb. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Club Creek Cem.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo. J. P. Hughes

19. (a) 2-9-43 (b) J. P. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger 9
(c) City or town Rural Liberty Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near Sank, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th
year 1943 hour 12.00 minute 30 A.M.

21. I hereby certify that I attended the deceased from 29
Jan. 1943, to Feb 3 1943
that I last saw her alive on Feb 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
right lung

Due to left lung completely collapsed for past 4 months

Other conditions (Include pregnancy within 3 months of death)

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? _____

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

23. Signature J. W. Berry (M. D. or other)
Address Cape Girardeau, Mo. Date signed 2-5-43

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

2
12
39
32873

MOTHER FATHER

1014

RECEIVED

District Health Officer No. 4

District File Number 343-189

Date Filed 3-8-43

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

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address *Lutesville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.