V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18653

FILED MAY 20 1943

Registration District No. 2771 Primary Registration District No. 3052 Registrar's No. 143

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

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: 638 E 14 / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis 80
(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6
(d) Street No. 638 E 14 (If rural, give location) 4
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Annie Fisher
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Female / 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb. 2 1864 (Month) (Day) (Year)

8. AGE: 79 Years | Months 2 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Paris Ky. (City, town, or county) / (State or foreign country)
10. Usual occupation Home
11. Industry or business .....
FATHER 12. Name Ambrose Strauss
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)
MOTHER 14. Maiden name Caroline Rhine
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Fred W Fisher
(b) Address Sedalia Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof April 27 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.
19. (a) 4-27-43 (Date received local registrar) (b) Mrs Anne Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1943 hour 4 am minute ..... M.
21. I hereby certify that I attended the deceased from 1932 ....., 19..., to April 25, 1943 that I last saw her alive on April 24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility - Chr Myocarditis	5 years
Due to: Arterio Sclerosis	5 years
Due to:	
Other conditions: Senile Dementia (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

93d

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) no
(b) Date of occurrence no
(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? none (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature JNOB Carlisle M.D. (M. D. or other)
Address Sedalia Mo Date signed 4-27-43

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District [illegible] No. 8,
District File No. [illegible]
Date Filed 5-19-43

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.