

ED. SEP 7 1943

Primary Registration District No. 5031

Registrar's No. 23

1. PLACE OF DEATH:

(a) County ANDRAIN
(b) City or town RURAL - QUIRE TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 1 years, months or days (Specify whether days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDRAIN
(c) City or town RURAL, QUIRE TWP
(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.....

3. (a) PRINT FULL NAME RUTH VIRGINIA FISHER

3. (b) If veteran, name war..... 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHARLES M. FISHER 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased SEPT 29 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 10 12 hr. min.

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

10. Usual occupation HOUSEWIFE

MOTHER FATHER { 11. Industry or business.....
12. Name MARCELLUS HENRY
13. Birthplace UNKNOWN W. VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH A HUTCHINGS
15. Birthplace UNKNOWN MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Richard E Lee
(b) Address Parker, Mo.

17. (a) BURIAL (b) Date thereof AUG 12 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FARBER, MO

18. (a) Signature of funeral director W. J. Water

(b) Address Vanandria, Mo.

19. (a) Aug 11, 1943 (b) Mattie Fugua
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1943 hour 7 minute 55-A.M.

21. I hereby certify that I attended the deceased from Feb 4, 1943, to Aug 10, 1943;
that I last saw her alive on Aug 9, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 30-hrs

Due to Hypertension and arterio-sclerosis 6-M

Due to Diabetes Mellitus 1-year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 W. H. McCall (M. D. or other)
Address Haddonville MO Date signed 8-11-43

SEP 2 10 43

RECEIVED

District Health Officer No. 10

District File Number 9-43-1435

Date Filed SEP 3 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 W. S. Waters

Licensed Embalmer No. 4295

P. O. Address Vandalia, 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.