

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28910

State File No. ....

FILED SEP 13 1943

Registration District No. 51

Primary Registration District No. 3048

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: 2 weeks (Specify whether In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 719 East 4th  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lucy Jane Fisher

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Geo. Luther Fisher

6. (c) Age of husband or wife if alive, February 14, 1845 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

98 6 2 hr. min.

9. Birthplace Adrain County Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Samuel H. Grundy

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

14. Maiden name Sarah Clee

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

16. (a) Informant Jessie Fisher

(b) Address Maryville Mo.

17. (a) (Burial, cremation, or removal) burial

(b) Date thereof 8-18-43  
(Month) (Day) (Year)

(c) Place: (burial or cremation) Miriam Cemetery

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

(b) Address Maryville Mo

19. (a) 8-19-43 (b) Amy Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16  
year 1943 hour 16 minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug 3 1943 to Aug 16 1943, that I last saw her alive on Aug 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death General Debility  
Myocardial Degeneration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) g2d

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 A. M. Hallis (M. D. or other)

Address Maryville Mo Date signed 8-17-43

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

---

---

**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. M. L. Lee*

Licensed Embalmer No.

*2539*

P. O. Address

*Mayville 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.**