S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. F 34579

Registration District No. 189 Primary Registration District No. 4173 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava ~~Denton~~
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

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

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Christian E. Fisher

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Emma C. Fisher

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

7. Birth date of deceased October (Month) 25 (Day) 1851 (Year)

8. AGE: Years 91 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ind. / (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business

FATHER
12. Name C. E. Fisher
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Nellie Yandell
(b) Address Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 10-1-43 (Date received local registrar) (b) Mrs. J. R. Spurlock deputy (Registrar's signature)

1056

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5
year 1943 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Aug 20, 1943, to Sept 5th, 1943; that I last saw him alive on Sept 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Clinical Cancer of Liver — Duration Dont know

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 46f

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

23. Signature R M Norman (M. D. or other)
Address Hod Mo Date signed Sept 21/43

(Licensed Embalmer's Statement on Reverse Side)