No. 2
—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1943

Registration District No. 54

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37718

Primary Registration District No. 5117

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Route 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Ashland 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MATTIE BELLE FISHER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Clarence W. Fisher

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

7. Birth date of deceased 7 - 25 - 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	4	2	hr. min.

9. Birthplace Palmer (City, town, or county) Mass. 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Kyes Hiram Allen
13. Birthplace Belchertown (City, town, or county) Mass. 1 (State or foreign country)

MOTHER
14. Maiden name Martha Maria Davis
15. Birthplace Pittsburg (City, town, or county) Mass. 1 (State or foreign country)

16. (a) Informant Mrs. Dysart Barnes,
(b) Address Route 2, Ashland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation Boone Femme Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 12-6-43 (Date received local registrar) (b) Mrs. Vice Estes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 27
year 1943 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from 10-7-43, 1943, to 11-27-, 1943
that I last saw him alive on 11-19-, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Gastric

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration: Several Months

46 f

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

(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? No (Specify type of place)

While at work? (e) Means of injury

23. Signature W. P. Dysart (M. D. or other) M.D.

Address Columbia Mo. Date signed 11-30-43

1244

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. L. Luring

Licensed Embalmer No. 41372

P. O. Address Columbia, N

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.