

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
OFFICE OF THE REGISTRAR

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3832

State File No. _____

Registration District No. 128

Primary Registration District No. 4220

Registrar's No. 2

1. PLACE OF DEATH:

(a) County HICKORY
(b) City or town WHEATLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
In this community ALL OF LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County HICKORY
(c) City or town WHEATLAND
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH ANN 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 ARTHUR LEE FISHER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 28 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 26 year 43 hour 5 minute 52 P. M.

21. I hereby certify that I attended the deceased from Jan - 1940 to Oct-26-1943 that I last saw her alive on Oct-26-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 5 yrs

8. AGE: Years 87 Months 2 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace PITTSBURG (City, town, or county) Mo. (State or foreign country)

10. Usual occupation HO. USEWIFE

11. Industry or business " " " "

12. Name ANDREW JACKSON PITTS
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)
14. Maiden name MELLISSA PITTS
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant ZILPHA MURPHY
(b) Address WHEATLAND, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10 28 43 (Month) (Day) (Year)

(c) Place: burial or cremation CURTESINGER CEMET

18. (a) Signature of funeral director GILBERT HATHAWAY
(b) Address WHEATLAND, MO.

19. (a) Nov 13 1943 (Date received local registrar) (b) Mary J. Carls (Registrar's signature)

Due to F
Due to -
Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ Of autopsy ✓

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

23. Signature P. S. Johnston (M. D. or other) Address Wheatland Mo Date signed 10-27-43

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

MOTHER FATHER

1098

RECEIVED

District Health Officer No. 7,

District File Number 11-43-1283

Date Filed 12-6-43

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

Chas Gilbert Hathaway

Licensed Embalmer No. 42167

P. O. Address Wheatland, Md.

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.