

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Kingsville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether
 In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Kingsville
(If outside city or town limits, write "RURAL")
 (d) Street No. none
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country XXX

3. (a) PRINT FULL NAME MATILDA FRANCES FISHBACK

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased January 6, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>0</u>	<u>4</u>	hr. _____ min.

9. Birthplace Falmouth, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER {
 12. Name Elijah Browning
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine L. Cleveland
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minor Fishback
 (b) Address Kingsville, Mo.

17. (a) burial (b) Date thereof 1/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lee Summitt, Mo.

18. (a) Signature of funeral director Canaday and Ropp
 (b) Address Holden, Missouri.

19. (a) 1-11-44 (b) Kathryn S. Canaday
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
 year 1944 hour 2/30 minute P M.

21. I hereby certify that I attended the deceased from Jan. 8, 1944, to Jan 10, 1944;
 that I last saw her alive on Jan. 8, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to Hypertension and arterio-sclerosis.

Due to _____

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

Major findings: Of operations 83a1 Of autopsy _____

Duration

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 0

23. Signature J. V. Murray (M. D. or other) Address Plaint Hill, Mo. Date signed 1/11/44

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

MAR 6 1944

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..... *M.R. Canaday*

Licensed Embalmer No... *3434*

P. O. Address... *Holden, 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.