

No. 2
4-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11702

State File No. _____

Registration District No. 273

Primary Registration District No. 5917

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Perry

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Lithium
(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 0

3. (a) PRINT FULL NAME Frank F. Fish

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1944 hour 11 minute P.M.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Jessie Fish

6. (c) Age of husband or wife if alive 66 years

Birth date of deceased: April 28 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 7 1944 to March 10 1944
that I last saw him alive on March 10 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>10</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Cerebral Apoplexy

Duration 3 days

9. Birthplace: All 1
(City, town, or county) (State or foreign country)

Due to Hypertension

Due to Arteriosclerosis

3 yrs
3 yrs

10. Usual occupation merchant

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Henry C. Fish

13. Birthplace All 1
(City, town, or county) (State or foreign country)

14. Maiden name Lillie Graham

15. Birthplace All 1
(City, town, or county) (State or foreign country)

Major findings: of operations

Of autopsy _____

PHYSICIAN J Za
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Jessy Fish

(b) Address Bethune Mo

17. (a) Burial (b) Date thereof 3-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo

18. (a) Signature of funeral director Valentia Long

(b) Address Perryville Mo

19. (a) 3-13-44 (b) Frank Fish
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Oscar A. Carron (M. D. number) _____

Address Perryville Mo Date signed 3-13-44

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

79
00

132F

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1944

RECEIVED

District Health Officer No. 4
District File Number 444-36
Date Filed 4-11-44

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 *Wallace Young*.....

Licensed Embalmer No. 4027.....

P. O. Address *Perryville 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.