

S. No. 2  
M-8-43  
5-17-39  
X37823

30647

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 10 1944

Registration District No. 33 : Primary Registration District No. 3010 Registrar's No. 287

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape Girardeau Mo.  
(c) Name of hospital or institution: S. C. Mo. Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community 8 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County New Madrid  
(c) City or town Portageville Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Thomas Dwight Fisher  
3. (b) If veteran, name war .....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug - day 31  
year 1944 hour 11 minute 20 A. M.

4. Sex M 0 5. Color or race W  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive 4 years  
7. Birth date of deceased Aug 1 1941  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 24, 1944, to Aug 31, 1944  
that I last saw her alive on Aug 31, 1944,  
and that death occurred on the date and hour stated above.

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

Immediate cause of death Iles colitis  
Duration 2 wks

9. Birthplace New Madrid Co. Mo.  
(City, town, or county) (State or foreign country)

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation None  
11. Industry or business .....  
12. Name Kellion Fisher  
13. Birthplace Portageville Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Cooper  
15. Birthplace New Madrid Co. Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations 1196  
Of autopsy .....

16. (a) Informant Kellion Fisher  
(b) Address Portageville, Mo.  
17. (a) Removal (b) Date thereof Aug 31 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Portageville Mo  
18. (a) Signature of funeral director Abel C. Dean  
(b) Address Portageville Mo.  
19. (a) 9-6-44 (b) P. M. Phelps  
(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? .....

While at work? (Specify type of place) (e) Means of injury .....  
23. Signature J. Cochran (M. D. or no)  
Address Cape Girardeau Mo Date signed 9/2/44

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

MOTHER FATHER

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

2086

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1044-4394

Date Filed 10-7-44

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 <sup>not</sup> \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville, 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.