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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40464**

FILED DEC 18 1944

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 288

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Knoxville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laugherlin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days
(Specify whether years, months or days) Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox 52
(c) City or town Baring Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Francis Fisher

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married Married
6. (b) Name of husband or wife Leola Blum 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Apr 7 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Wm. N. Fisher
13. Birthplace Germany
14. Maiden name Barriett
15. Birthplace Switzerland

16. (a) Informant Wm. Leola B. Fisher
(b) Address Baring Mo

17. (a) Burial (b) Date thereof Nov 4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Wm. N. Fisher

(b) Address 11-7-44

19. (a) 11-7-44 (b) M. J. Waynes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1944 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct 6 1944 to Nov 2 1944
that I last saw him alive on Nov 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Prostatic hypertrophy

Due to 2/11

Other conditions (Include pregnancy within 3 months of death) 10

Major findings: Of operations Adenomatous hypertrophy of prostate
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 _____

23. Signature Carl Laugherlin (M. D. or other) DO.

Address Knoxville Mo Date signed 11/4/44

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

RECEIVED

District Health Officer No. 10

District File Number 12-44-2049

Date Filed DEC 14 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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis 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.