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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. _____

FILED JAN 13 1945

Registration District No. 23-1945

Primary Registration District No. 3045

Registrar's No. 209

1. PLACE OF DEATH:
Nodaway
(a) County
(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
810 North Mulberry St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 62 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 810 North Mulberry 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Samuel E. Fisher
(b) If veteran, No (c) Social Security No. _____
name war _____ No _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: December 26, 1944
Year: 1944, hour: 4, minute: 45
21. I hereby certify that I attended the deceased from June 1943
_____ 19____ to Dec 26, 1944
that I last saw him alive on Dec 22, 1944
and that death occurred on the date and hour stated above.

4. Sex: male
5. Color or race: White
6. (a) Single, widowed, married, divorced, widowed
6. (c) Age of husband or wife if alive: _____ years
(b) Name of husband or wife: Mary Ann Fisher
7. Birth date of deceased: Oct. 10 1857
(Month) (Day) (Year)

Immediate cause of death:
Eugene 7 feet
Chr Myocarditis
Arterio sclerosis
Due to _____
Due to _____

8. AGE: Years: 87, Months: 2, Days: 26
If less than one day: _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death):
g3d
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

9. Birthplace: Fairfield Co. Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation: retired farmer

11. Industry or business: _____
12. Name: John Fisher
13. Birthplace: unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name: _____
15. Birthplace: unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant: Harry Fisher
(b) Address: Maryville Mo.
17. (a) Burial (b) Date thereof: 12-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill cemetery

Major findings:
Of operations: _____
Of autopsy: _____

18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville Mo.
19. (a) 12-30-44 (b) Willy Barber
(Data 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) Means of injury: _____
23. Signature: J.M. Boyles (M. D. or other) _____
Address: Maryville Mo. Date signed: 12-27-44

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

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1344

(Licensed Embalmer's Statement on Reverse Side)

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 Clayton M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville 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.