

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield, Mo.
(c) Name of hospital or institution 275 East Sedgwick St.
(d) Length of stay: In hospital or institution 3 months
In this community 3 months

2. USUAL RESIDENCE OF DECEASED: Lawrence
(a) State Missouri (b) County Warren 55
(c) City or town Mt Vernon Mo 3
(d) Street No. State J.B. Sanitarium, 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Ralph Barrett Fisher.
3. (b) If veteran, name war nie
3. (c) Social Security No. 491-05-1230

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 14
year 1945 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1942
Dec. 18 to Dec. 18, 1944
that I last saw him alive on Dec. 18, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Pul. T.B.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced
6. (b) Name of husband or wife Don't know. 6. (c) Age of husband or wife if alive 31-1898 years

Duration
Pulmonary tuberculosis
Due to
Due to
Other conditions (include pregnancy within 3 months of death) 13 lb
Major findings: Of operations
Of autopsy

8. AGE: Years 46 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Walnut Grove Missouri

10. Usual occupation Government

11. Industry or business Meat cutter

MOTHER FATHER
12. Name James J. Fisher
13. Birthplace W.Va. Va.
14. Maiden name Edna McKimney
15. Birthplace Greene Co., Missouri

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

16. (a) Informant Ray W. Fisher
(b) Address 9319 Figueroa St Los Angeles Cal.

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?

17. (a) Burial (b) Date thereof Jan 3 1945
(c) Place: burial or cremation Springfield cemetery

(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) (c) Means of injury

18. (a) Signature of funeral director George Brown
(b) Address 20 Walnut Grove Mo

23. Signature G.E. Hildner (M. D. or other)
Address Springfield Date signed 1/2/45

19. (a) Jan 2-1945 (b) G. W. Handley
(Date received local registrar) (Registrar's signature)

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

9
2
6

784

mo.

4

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..... *Gene A. Brown*

Licensed Embalmer No. *7664*

P. O. Address..... *Wilmington, 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.