S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8989

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 68

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 507 Park Ave 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia 10 (If outside city or town limits, write "RURAL")
(d) Street No. 507 Park Ave. 2 (If rural, give location)
(e) Citizen of foreign country? No. 0 4 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MATTIE FISHER
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fe 7
5. Color or race Negro
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Todd Fisher
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 1 - 12 - 1888 (Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Plattsburg (City, town, or county) Mo. 11 (State or foreign country)
10. Usual occupation at home
11. Industry or business .....
FATHER
12. Name Henry Allen
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Hughes
15. Birthplace ..... 9 (City, town, or county) (State or foreign country)
16. (a) Informant Josie Allen
(b) Address Columbia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri
19. (a) 3-22-1945 (Date received local registrar) (b) Edna H Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1945 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 1 at ..... 1945 to March 18, 1945 that I last saw her alive on Mch 12, 1945; and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial nephritis acute
Due to Unknown
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
Major findings:
Of operations ..... 93 e
Of autopsy .....

Duration

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

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 .....
23. Signature Stephen D Smith (M. D. or other)
Address Columbia Date signed 3/22

1250 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 4-12-45

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 Lucas D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.