

FILED AUG 9 1945

Primary Registration District No. 4050

Registrar's No. 68

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Norborne
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

(c) City or town Norborne 2
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME NELSON R FISHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1945 hour 12 minute 20 A.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma R. Smith 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 15 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 12 1945 to July 28 1945
and that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

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

78 0 13 hr. min.

Immediate cause of death Mitral Insufficiency 1 year

Due to old age

9. Birthplace _____ (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Farming

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 925

Of autopsy _____

11. Industry or business _____

12. Name Andrew Jackson Fisher

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Blukens

15. Birthplace _____ (City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ray Fisher

(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 7-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairhaven Cem.

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton Mo.

19. (a) 7-28-45 (b) Mrs. James Rafferty
(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 W. Hamilton Stetson (M.D. or other) Ill

Address Carrollton, Mo. Date signed July 28 1945

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-8-45

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, W

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.