No. 2
8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31246

Registration District No. 240 Primary Registration District No. 5983 Registrar's No. (27) 800

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Rural-Waynesville, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DOA, Regional Station Hospital, Ft Leonard Wood, Mo (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) 5 weeks, 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State North Carolina (b) County Swain
(c) City or town Whittier (If outside city or town limits, write "RURAL")
(d) Street No. Box 153 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME James O. Fisher
3. (b) If veteran, name war —
3. (c) Social Security No. unknown
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Hayes Fisher
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased July (Month) 16 (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
33	2	4	hr. min.

9. Birthplace Andrews (City, town, or county) North Carolina (State or foreign country)
10. Usual occupation Soldier - U S Army - 34890101
11. Industry or business 1st Sgt - Co D 28th Inf, 8th Div
FATHER
12. Name Unknown
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hattie L
15. Birthplace Monroe county, N.Carolina (City, town, or county) (State or foreign country)
16. (a) Informant U S Army Records
(b) Address Fort Leonard Wood, Missouri.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 22, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Waynesville, N.C.
18. (a) Signature of funeral director Smith-Hollow
(b) Address Rolla, Mo.
19. (a) SEP 20 1945 (Date received local registrar) (b) Robt C. Stone Coroner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20 year 1945 hour approx. 2 minute 40 a. M.
21. I hereby certify that I attended the deceased from ~~xxxxx~~ xx was DOA, Regional Station Hospital 19..., to September 20 1945 that I last saw h... alive on ... 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage	
Due to Laceration of heart, spleen and liver.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above.	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) accident
(b) Date of occurrence 20 September 1945
(c) Where did injury occur? Rural-Waynesville, Pulaski, Mo (City or town) (County)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 7½ miles East Waynesville, Mo. on Highway 66. (Specify type of place)
While at work? No (e) Means of injury automobile accident.
23. Signature R. E. Campbell Capt MC (M.D. or other)
Address Fort Leonard Wood, Mo Date signed 9/21/45

119-27-1945 Chas M Cook MD

(Licensed Embalmer's Statement on Reverse Side)

OCT 24 1946

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 Jas H Hallow

Licensed Embalmer No. 3643

P. O. Address Rolla, Md.

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.

. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Oct

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 80

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME James O. 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, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 16 19 [illegible]
(Month) (Day) (Year)

8. AGE: Years 33 Months 2 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) N. C. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) Robert C. Stone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 16 year 194[illegible] hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to automobile accident on Missouri State Hiway #66

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 1935-Ford Tudor and International Trailer-Trk.

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

31246

OCT 24 1946