

FILED NOV 24 1945
Registration District No. **5235**

Primary Registration District No. **5235**

Registrar's No. **4**

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

1. PLACE OF DEATH:

(a) County State ~~State~~ Cedar

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

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

(d) Length of stay: In hospital or institution XX (Specify whether
In this community XXX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County State Cedar

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME Louisa Fisher

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife S. D. Fisher

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August 15, 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>2</u>	<u>14</u>	<u>X</u> hr. <u>X</u> min.

9. Birthplace Howe Co---Decater, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XXXX

MOTHER FATHER

12. Name James A. Farmer

13. Birthplace XXX 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary C. Harlow

15. Birthplace XXXX 9
(City, town, or county) (State or foreign country)

16. (a) Informant Shade Hargins

(b) Address Jerico Springs, Missouri

17. (a) Burial (b) Date thereof 10-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) Nov 6-45 (b) Mauda M. Callis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9-29-44
to 10-28, 1945
that I last saw her alive on 10-28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death ascending paraplegia

Due to Cerebral Satting

Due to _____

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

Major findings:
Of operations _____

Of autopsy 83w

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 GPB (M. D. or other)
Address Jerico Springs, Mo Date signed 10-30-45

1434

RECEIVED

District Office No. 7,

Date Filed

10-43-1118

11-13-45

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton, 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.