

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

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAR 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. **6239**
 Registrar's No. **61**

Registration District No. **167** Primary Registration District No. **4256**

1. PLACE OF DEATH:
 (a) County **Johnson**
 (b) City or town **Holden**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Southeast Holden. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)
 In this community **29 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Johnson** **51**
 (c) City or town **Holden** **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Southeast Holden.** **1**
(If rural, give location)
 (e) Citizen of foreign country? **No** **1**
(Yes or No)
 If yes, name country **XXXX**

3. (a) PRINT FULL NAME **AUSTIN LONZO FISHER**
 3. (b) If veteran, name war **none**
 3. (c) Social Security No. **494-18-5059**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February**, day **17**
 year **1946** hour **5:45** minute **A** M.

4. Sex **male** **2** 5. Color or race **negro**
 6. (a) Single, widowed, married, divorced **divorced**
 6. (b) Name of husband or wife **XXX XXX**
 6. (c) Age of husband or wife if alive **XXX** years
 7. Birth date of deceased **July 12, 1916**
(Month) (Day) (Year)

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 _____
Gun shot wounds

8. AGE:	Years	Months	Days	If less than one day
	29	7	5	hr. _____ min.

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

9. Birthplace **Holden, Missouri.**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations **166**
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

10. Usual occupation **laborer**
 11. Industry or business **casual**

MOTHER FATHER
 12. Name **James Madison Fisher**
 13. Birthplace **Chilhowee, Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Dora B. Austin**
 15. Birthplace **Warrensburg, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dora B. Fisher**
 (b) Address **Holden, Missouri.**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Homicide**
 (b) Date of occurrence **Feb. 17, 1946.**
 (c) Where did injury occur **Holden, Johnson - Mo.**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
house

17. (a) **Burial** (b) Date thereof **Feb. 19, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Holden, Missouri**

While at work? **no** (Specify type of place) (e) Means of injury **3**
 23. Signature **P. May Audriess,** **Corner Johnson**
(City or town) (County) (State)
 Address **Holden, Mo.** Date signed **7/19/46**

18. (a) Signature of funeral director **Canaday and Ropp**
 (b) Address **Holden, Missouri**
 19. (a) **3-1-46** (b) **Mark Redford**
(Date received local registrar) (Registrar's signature)

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

150

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 M L Canady

Licensed Embalmer No. 3434

P. O. Address Holden 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. |