S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1111

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

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

19980

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1508 Kentucky
(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: Mo. (b) County: Pike
(c) City or town: Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No.: 1508 Kentucky
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ORPHA LEA FISHER
3. (b) If veteran, name war: No
3. (c) Social Security No.: No.
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Walter Fisher
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: August (Month) 13 (Day) 1876 (Year)
8. AGE: Years 69 Months 10 Days 8 If less than one day hr. min.
9. Birthplace: Near Curryville, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Hswfe.
11. Industry or business: Own Home
FATHER
12. Name: Alex Brimer
13. Birthplace: ? (City, town, or county) ? (State or foreign country)
MOTHER
14. Maiden name: Susan Brandon
15. Birthplace: ? (City, town, or county) ? (State or foreign country)
16. (a) Informant: Walter Fisher
(b) Address: Louisiana, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/23/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cemetery
18. (a) Signature of funeral director: Haley Mortuary
(b) Address: Louisiana, Missouri
19. (a) 6/23/46 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1946 hour 7 minute 30P. M.
21. I hereby certify that I attended the deceased from April 1, 1946, to June 19, 1946, that I last saw her alive on June 19, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhages multiple	1 yr
Due to: Essential Hypertension	15 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Bronchopneumonia	1 wk

Major findings:
Of operations: none
Of autopsy: none

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): no
(b) Date of occurrence: no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury: no
23. Signature: Chas. H. Lewellen M.D. (M. D. or other)
Address: Louisiana Mo Date signed: 6/19/46

255 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-46-1360
Date Filed JUL 12 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, ~~XXXXX~~ George O. Wagner, ~~XXXXXXXXXXXXXX Registered Apprentice No.~~, working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.