

S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39793**  
Registrar's No. **410**

FILED DEC 24 1946

Registration District No. **47**

Primary Registration District No. **3008**

1. PLACE OF DEATH:  
**Callaway**  
 (a) County **Fulton**  
 (b) City or town **Fulton**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Callaway County Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **18 Days**  
 In this community **Life**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Callaway**  
 (c) City or town **Fulton**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **R. F. D. # 2**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT **ROBERT EDMUND FISHER**  
 FULL NAME  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Katherine** 6. (c) Age of husband or wife if alive **DK** years  
 7. Birth date of deceased **March 20 1873**  
(Month) (Day) (Year)

8. AGE:	Years <b>73</b>	Months <b>8</b>	Days <b>29</b>	If less than one day hr. _____ min. _____
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9. Birthplace **Callaway County Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Real Estate**

11. Industry or business \_\_\_\_\_  
 12. Name **Joel Thomas Fisher**  
 13. Birthplace **va.**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Mary E. Houf**  
 15. Birthplace **Callaway County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. R. E. Fisher**  
 (b) Address **Fulton, No. R. F. D. # 2**  
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-22-46**  
(City or town) (County) (State)  
 (c) Place: burial or cremation **Richland Baptist Ch. Cem**

18. (a) Signature of funeral director **Hallace Funeral Home**  
 (b) Address **776 6th St. Fulton Mo**  
 19. (a) **12-21-1946** (Date received local registrar) (b) **Joie M. Mankoff** (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **December** 19 **1946** year. hour **2** minute **55 P. M.**  
 21. I hereby certify that I attended the deceased from **Dec 26**, 19**46**, to **12/19**, 19**46**  
 that I last saw h. i. m. alive on **Dec 19**, 19**46**, and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial, Chronic**  
 Due to **Coronary artery Disease**  
 Due to \_\_\_\_\_  
 Other conditions **(Include pregnancy within 3 months of death)**  
 \_\_\_\_\_

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 **George F. Word** (M. D. or other) **MD**  
 Address **Fulton Mo** Date signed **12/24/46**

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

3800

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 12-23-76

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 Wenzil C. Browning  
Licensed Embalmer No. 9724  
P. O. Address Fulton 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.