

FILED JAN 30 1947
Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

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

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

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

3. (a) PRINT FULL NAME Fred Fisher

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1947 hour 5 minute 00 P.M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Annie J. Fisher

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 3 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-4 1946 to Jan 18 1947
that I last saw him alive on Jan 18 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 6 15 _____ hr. _____ min.

Immediate cause of death: Cerebral hemorrhage

Due to: hypertension

Due to: _____

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

9. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

12. Name Fred Fisher

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

14. Maiden name Mary Macfee

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

Major findings: Of operations none 83A

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Fred Fisher

(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 1-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Missouri

19. (a) 1-25-47 (b) Mrs. Aris Jones
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place) _____

23. Signature [Signature] (M. D. or other) MD
Address Ironton Mo. Date signed 1-21-47

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RECEIVED

District Health Officer No. 4

District File Number 147-158

Date Filed 1-29-47

JAN 30 1947

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 Paul J. White

Licensed Embalmer No. 2012

P. O. Address Smilow Ave

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.