

No. 2
12-45
17-39
X47070

State File No. _____

FILED MAR 28 1947

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2508 Bird
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**
(c) City or town Joplin **2**
(If outside city or town limits, write "RURAL")
(d) Street No. 2508 Bird **5**
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Ella May Fisher
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May 1 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 26
If less than one day hr. _____ min. _____

9. Birthplace Texarkana Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country) **9**
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country) **9**

16. (a) Informant Mrs. Clara Sisson
(b) Address 2508 Bird
17. (a) Burial (b) Date thereof Mar. 1, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forrest Park Cemetery
Thornhill-Dillon

18. (a) Signature of funeral director _____
(b) Address Joplin, Missouri
19. (a) 2-28-47 (b) Ed. D. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 27 day 27
year 1947 hour 6:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from 1-18 1947 to 2-18 1947
that I last saw him alive on 2-18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myositis
Due to Myo-fasciitis per haematuria
Due to _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 937
Of autopsy _____
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? _____ (c) Means of injury **0**
23. Signature Ed. D. James (M. D. or other) **0**
Address Joplin, Mo. Date signed 2-28-47

47-3-199

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..... *David Miller*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, Missouri*

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.