. S. No. 2
00M—2-43
ev. 5-17-39
I X35397

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13280

Registration District No. 138 Primary Registration District No. 5523 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Hickory
(b) City or town "Rural" Green Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. Sentinel
(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 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles N. of Goodson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fradie Fisher
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lennie Fisher
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased August (Month) 8 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
51	8	22	hr. min.

9. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name John H. Myers
13. Birthplace Dallas County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Minnie Myers
15. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Lennie Fisher
(b) Address Sentinel, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 1, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Hopewell Cemetery
18. (a) Signature of funeral director Turpin Funeral Home
(b) Address Bolivar, Mo.
19. (a) April 30-47 (Date received local registrar) (b) W.P. Hargiss (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1947 hour 6 minute 03 A.M.
21. I hereby certify that I attended the deceased from March 7, 1947 to April 29, 1947 that I last saw her alive on 4-29-47, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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? (e) Means of injury

23. Signature [illegible] M.D. (or other)
Address Bolivar, Mo. Date signed 4-29-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-47-5-66
Date Filed 5-14-47

FEB 19 1959

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 [signature]

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.