

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

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: **St. John's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
In this community **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)
If yes, name country _____

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

4. Sex **Male** **5. Color or** **white** **6. (a) Single, widowed, married,** **widowed**
race **6. (b) Name of husband or wife** _____ **6. (c) Age of husband or wife if** _____
divorced **alive** _____ **years**
7. Birth date of deceased **August 2, 1870**
(Month) (Day) (Year)

8. AGE: Years **76** Months **8** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown** **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Railroad**

11. Industry or business _____

12. Name **No record** **9**
13. Birthplace " " " (City, town, or county) (State or foreign country)
14. Maiden name " " " (City, town, or county) (State or foreign country)
15. Birthplace " " " (City, town, or county) (State or foreign country)

16. (a) Informant **Fred Fisher** **1111** **1**

(b) Address **2416 Jackson, Joplin, Mo.**

17. (a) Burial **(b) Date thereof** **5-1-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park**

18. (a) Signature of funeral director **Parker-Hunsaker Mortuary**

(b) Address **1502 Joplin, Joplin, Mo.**

19. (a) 5-2-47 **(b) Dover Langham**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **29**
year **1947** hour **6:45** minute **P** M.
21. I hereby certify that I attended the deceased from _____
that I last saw him **alive on** _____ **19**
and that death occurred on the date and hour stated above. **19**
Immediate cause of death **Cardiac Failure** **Duration** _____
Due to **Hypertensive Pneumonia**
with **arteriosclerosis**
of **coronary & cerebral arteries**
with **hypertension**
Other conditions **2 caps run together**
(Include pregnancy within 3 months of death) **22nd & Murphy**
Major findings: _____ **PHYSICIAN** _____
Of operations _____ **Underline** _____
Of autopsy **no** **the cause to** _____
which death _____
should be _____
charged sta- _____
tistically. _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident** **122**

(b) Date of occurrence **4/21/47**

(c) Where did injury occur **Joplin Jasper Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place?
Public Place - 22nd & Murphy

(e) Means of injury **no**
While at work? **no** (Specify type of place) **21st main**

23. Signature **A.W. Berdick** **or other** **no**

Address **214 Joplin** **Date signed** **4/30/47**

47-4-390

JUN 9 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
-45
43880

State File No. June
Registrar's No. _____

Registration District No. 15-6

Primary Registration District No. 2001

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Harry M. Fisher

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 2 (Month) (Day) (Year)

8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Ill.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

13. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-2-47 (b) Coloua Lampkin D.R. (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1947 hour _____ minute _____ M. 29

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him/her alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

17787