S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 25 1947

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23311

Primary Registration District No. 5069

Registrar's No. 29

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

1. PLACE OF DEATH:
(a) County: Barton County
(b) City or town: Rural Lamar Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(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: 76 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barton
(c) City or town: Rural Route 2
(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: Lewis Lisher
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ida Lisher
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: April (Month) 7 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
76	2	21	hr. min.

9. Birthplace: Barton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Lafe Lisher
FATHER 13. Birthplace: Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Snyder
MOTHER 15. Birthplace: Indiana (City, town, or county) (State or foreign country)
16. (a) Informant: Ida Lisher
(b) Address: Lamar, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 30 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakton, Missouri
18. (a) Signature of funeral director: Chiles Funeral Home
(b) Address: Lamar, Mo.
19. (a) JUN 30 1947 (Date received local registrar) (b) Marie Kennedy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 28 year: 1947 hour: minute: M.
21. I hereby certify that I attended the deceased from June 25 1947 to June 27 1947 that I last saw him alive on June 27 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage with paralysis	4 days
Due to: arteriosclerosis generalized	10 years
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: Milton H. Noltemeyer M.D. (M. D. or other)
Address: Lamar Missouri Date signed: June 29 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6;
District File Number 747-746
Date Filed JUN [illegible] 1947

[illegible]

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 Clarence W Chile

Licensed Embalmer No. 3473

P. O. Address Lamar 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.