No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1761

Registration District No. 309 Primary Registration District No. 3043 Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence 2413 Broadway (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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: Hannibal (If outside city or town limits, write "RURAL")
(d) Street No.: 2413 Broadway (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Charles S. Fisher
3. (b) If veteran, name war .....
3. (c) Social Security No.: 490-07-8830

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Leora S. Fisher
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: April 26, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	7	5	..... hr. ..... min.

9. Birthplace: Hannibal Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: President Executive
11. Industry or business: Standard Printing Co.
FATHER
12. Name: James Ellis Fisher
13. Birthplace: Warsaw New York (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Charlotte Elizabeth Bear
15. Birthplace: Hannibal Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. C. S. Fisher
(b) Address: 2413 Broadway Hannibal Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Olivet
18. (a) Signature of funeral director: M. Crawford Smith
(b) Address: 902 Broadway Hannibal Mo.
19. (a) 1-2-48 (Date received local registrar) (b) Dr. R. M. Luke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1948 hour 6 minute 00 A. M.
21. I hereby certify that I attended the deceased from 3-21, 1947 to 1-1, 1948 that I last saw him alive on 12-30, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	8 mo
Due to: arterial sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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.)
Address: Hannibal Mo. Date signed 1-2-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John S. Ward, Registered Apprentice No. 35, working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal 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.