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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 25 1948

Registration District No. 140

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3024

State File No. 8522

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette
(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 59 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town Fayette /
(If outside city or town limits, write "RURAL")

(d) Street No. 200 W. Morrison St. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ----

3. (a) PRINT FULL NAME Charles Rowland Fisher

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

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Lucy Jones Fisher | 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased April (Month) 3, (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	11	7	-- hr. -- min.

9. Birthplace Howard Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station Operator

11. Industry or business Filling Station

FATHER
12. Name George Rowland Fisher
13. Birthplace Howard Co. Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jeanette Swope
15. Birthplace Howard Co. Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charles Fisher
(b) Address Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Ridge Cem.

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 3-20-1948 (Date received local registrar) (b) Dorothy Jean Sahm (Registrar's signature) 404

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1948 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from 1942, 19.., to 3-10, 1948
that I last saw him alive on 3-9, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gunshot wound upper abd.	Instant.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 16 40	
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) Suicide
(b) Date of occurrence 3-10-48
(c) Where did injury occur? In shop - Fayette Howard Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In shop back of home
(Specify type of place)
While at work? No (e) Means of injury Shot gun

23. Signature Wm J Shaw (M. D. or other) M.D.
Address Fayette Mo. Date signed 3-13-48

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

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 3-24-48

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 Lloyd O. Jaspering, Registered Apprentice No. 461, working under my personal supervision.

Signed Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.