

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9375
Registrar's No. 67

FILED MAR 17 1948
Registration District No. 206

Primary Registration District No. 5747

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

1. PLACE OF DEATH:
(a) County Madison
(b) City or town MARQUAND - MO (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Madison
(c) City or town Marquand, Mo
(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 _____

3. (a) PRINT FULL NAME SUSAN C. FISK
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 6
year 1948 hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw her alive on Dec 1
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased 1-10-1864
(Month) (Day) (Year)

Immediate cause of death General Senility
Due to old age
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
84 1 26 hr. min.

9. Birthplace Pocahontas, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____
12. Name Edd Williams
13. Birthplace Carters Gap
(City, town, or county) (State or foreign country)
14. Maiden name Carters Gap
15. Birthplace _____
(City, town, or county) (State or foreign country)

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) (c) Means of injury _____

16. (a) Informant Mr. E. Thel Fisk
(b) Address Marquand, Mo
17. (a) Burial (b) Date thereof 3-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marquand, Mo
18. (a) Signature of funeral director E. J. Johnson
(b) Address Marquand, Mo
19. (a) 3-8-1948 (b) Frederick Town
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Bremer (M. D. or other)
Address Fredericktown, Ind. Date signed 3-8-48

(Licensed Embalmer's Statement on Reverse Side) Coroner

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 348-349
Date Filed 3-16-48

MAR 30 1948

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.....

Edward G. Lehmann, Jr., Registered Apprentice No. 81
working under my personal supervision.

Signed John Adamson
Licensed Embalmer No. 4351
P. O. Address Fredericktown, Md.

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.