

FILED APR 19 1948

Registration District No. 251

Primary Registration District No. 3048

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 48 years

3. (a) PRINT FULL NAME BESSIE LOIS FISHER

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Fisher
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June 17 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 9 18 hr. min.

9. Birthplace Pickering Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Joe Wallace
13. Birthplace Burlington Jct., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Thompson
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Fisher
(b) Address Maryville, Missouri
17. (a) burial (b) Date thereof 4/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Missouri
19. 4-10-48 (b) Bessie Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1948 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1 Apr 3rd 1948 to Apr 5th 1948
that I last saw her alive on Apr 5th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary insufficiency 2 1/2 days
Probable myocardial Infarct
Due to

Other conditions (Include pregnancy within 3 months of death) 976

Major findings: Of operations no operations
Of autopsy no autopsy

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 L E Dean (M. D. or other) MD
Address Maryville Mo Date signed 4-7-48

92211

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

John W. Price

Licensed Embalmer No. *4281*

P. O. Address. *Maryville 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.