S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 17 1948

Registration District No. 64

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 16798

Registrar's No. 49

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 19 Hrs (Specify whether years, months or days)
In this community: 19 Hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson
(c) City or town: Warrensburg Mo (If outside city or town limits, write "RURAL")
(d) Street No.: 317 Christopher (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Stepen Wm. Fisher
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May 3 (Month) 1948 (Day) (Year)
8. AGE: Years | Months | Days | If less than one day: 9 hr. 11 min.
9. Birthplace: Warrensburg (City, town, or county) Mo (State or foreign country)
10. Usual occupation: None
11. Industry or business:
MOTHER FATHER
12. Name: Hubert Fisher
13. Birthplace: Brooksville (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Bonnie Dell Herrold
15. Birthplace: Kuricks City (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Hubert Fisher
(b) Address: Warrensburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Hill
18. (a) Signature of funeral director: Sweeney Phillips
(b) Address: Warrensburg Mo.
19. (a) 5-6-48 (Date received local registrar) (b) Dorothy Crutchfield (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 4 year 1948 hour 9 minute 35 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage, pulmonary	1 min
Due to: Immaturity - 7 months 1 wk	
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. Signed: J. Reed Maxson (M. D. or other) M.D.
Address: Warrensburg Mo Date signed: May 6

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

Was Not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.