

No. 2
12-45
17-39
X47070

FILED OCT 6 1948

Registration District No. 297

Primary Registration District No. 5997

Registrar's No. 65

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

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town "Rural" Wilson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXXXXX 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXXX
(Specify whether
In this community Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
(c) City or town "Rural" Wilson Township
(If outside city or town limits, write "RURAL")
(d) Street No. Lemons (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Harrison Fightmaster

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

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

6. (b) Name of husband or wife Myrtle Fightmaster 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August 8, 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation FARM

11. Industry or business Farming

12. Name William Henry Fightmaster

13. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Paden

15. Birthplace Don't Know Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lela M. Glidewell

(b) Address Unionville, Missouri

17. (a) Burial (b) Date thereof 9/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lemons Cemetery

18. (a) Signature of funeral director Comstock Funeral Home

(b) Address Unionville, Mo. By John H. Comstock

19. (a) 9-30-48 (b) McGuffey Durbin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21
year 1948 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from
Sept. 15, 1948 to Sept. 21, 1948;
that I last saw him alive on Sept. 20, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration 6 days

Due to _____

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature W. D. Harmon (M. D. or other) _____
Address Unionville, Mo. Date signed 9/21/48

RECEIVED

District Health Officer No. 10

District File No. 10-48-1724

District File OCT 5 - 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

Richard Paul Cassidy

Registered Apprentice No. 76

working under my personal supervision.

Signed

John N. Constock

Licensed Embalmer No. 3891

P. O. Address Thionville, 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.