No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5370

State File No. 32464
Registrar's No. 67

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

1. PLACE OF DEATH:
(a) County Dekalb
(b) City or town Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 Miles No. West Stewartsville Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution .... In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dekalb
(c) City or town Rural Route #2 Stewartsville Mo (If outside city or town limits, write "RURAL")
(d) Street No. 6 Miles North West (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Michael Fisher
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna S.
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased November 21, 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	10	21	....hr. ....min.

9. Birthplace Buchanan Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER 12. Name Louis Michael Fisher
13. Birthplace Clinton Co. Mo. (City, town or county) (State or foreign country)
MOTHER 14. Maiden name Anna Eliz. Wiedmaier
15. Birthplace Buchanan Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Anna S, Fisher
(b) Address R.R.#6 Stewartsville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/1948 (Month) (Day) (Year)
(c) Place: Burial or cremation Hurlinger Mo. St.Marys Cemetery
18. (a) Signature of funeral director Heringer Wm. Bidenfeder
(b) Address 1802 Union, St. Joseph Mo.
19. (a) 10-14-48 (Date received local registrar) (b) R. Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th year 1948 hour 3 minute 20 P.M.
21. I hereby certify that I attended the deceased from Aug 2 1948 to Oct 12 1948 that I last saw him alive on Oct. 12 1948 and that death occurred on the date and hour stated above.

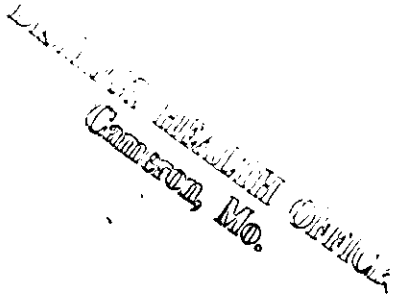
Immediate cause of death Carcinoma of Liver — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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. Signature W. O. R. Van Houden (M.D. or other) D.O.
Address 923 Faraon St Joseph Mo Date signed 10-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)



JUN 17 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~~ .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.