

No. 2
-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11090

State File No.

FILED APR 12 1944
Registration District No.

Primary Registration District No. 3023

Registrar's No. 56

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution:
N. Water St 1
(d) Length of stay: In hospital or institution Life
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton
(d) Street No. N. Water St
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Charles A. Fisher
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 13
year 1944 hour 3 minute 30 P. M.

4. Sex M 5. Color or race W
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: 4 9 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1943 to Mar 13 1944
that I last saw him alive on Mar 13 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 11 Days 4
If less than one day hr. _____ min. _____

Immediate cause of death Pneumonia
Labu Duration _____

9. Birthplace Clinton Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Due to Cerebral Sclerosis
Due to Myocarditis

11. Industry or business _____
12. Name John W Fisher
13. Birthplace Virginia
14. Maiden name Charlotte Fisher
15. Birthplace St. Louis Co Mo

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Mrs C F Charles
(b) Address Clinton Mo
17. (a) Burial (b) Date thereof 3 15 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stone Chapel con

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

18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) March 15, 1944 (b) Georgia Kitchern
(Date received local registrar) (Registrar's signature)

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? _____
(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 2
23. Signature Geo S West (M. D. or other) DO
Address Clinton Mo Date signed Mar 15

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

12
2

42
2

1064

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7
3-44-470

District File Number
4-11-44

Date Filed

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.....

Licensed Embalmer No. 2478

P. O. Address. Clinton 7

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.