

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27472

State File No. _____

Registration District No. 137

Primary Registration District No. 4212

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Blairstown
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson
 (c) City or town Blairstown
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Thomas Lowery Fisher
 3. (c) Social Security name war. X No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
 year 1945 hour 9 minute 30 A.M.

4. Sex Male () 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Elizabeth Fisher
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased Jan. 11, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 4, 1941 to August 28, 1945
 that I last saw him alive on August 26, 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 7 17 hr. _____ min.

Immediate cause of death Chronic Myocarditis
 Duration _____

9. Birthplace Pettis Co., Mo.
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Farmer

Other conditions Cerebral Arteriosclerosis
(include pregnancy within 3 months of death)

11. Industry or business Retired

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Hampton Gray Fisher
 13. Birthplace Pettis Co., Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Nannie Newbill
 15. Birthplace Pettis Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Fisher
 (b) Address Chilhowee, Mo.

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? _____

17. (a) Burial (b) Date thereof 8/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Blairstown Ceme.

18. (a) Signature of funeral director J. W. Cook
 (b) Address Chilhowee, Mo.

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

19. (a) 8/29/45 (b) Myrtle Nowlitz
(Date received by registrar) (Registrar's signature)

23. Signature Kelly Rowles (M. D. or other) _____
 Address Holden Mo Date signed 8/28/45

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

RECEIVED
District Health Officer No. 7,
District File Number 8-45-899
Date Filed 9-6-45

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. 4335

P. O. Address Chilhowee, 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, above space should be left blank.