

No. 2
-2-43
5-17-39
I X35697

State File No. _____

FILED APR 10 1946
Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 55

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wetzel Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 9 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Clinton
(If outside city or town limits, write "RURAL")
 (d) Street No. N Water St
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph F. Fisher
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 10
 year 1946 hour 6 minute 00A M.
 21. I hereby certify that I attended the deceased from 3/2/46
 _____, 19____, to 3/10, 1946;

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years 46
 7. Birth date of deceased 1 22 1868
(Month) (Day) (Year)

that I last saw h. in alive on 3-9-, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary Thrombosis
 Duration _____

8. AGE: Years 78 Months 1 Days 18
If less than one day hr. _____ min _____
 9. Birthplace Henry Co Mo
(City, town or county) (State or foreign country)
 10. Usual occupation Farmer

Due to arterial sclerosis & senility
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations 946
 Of autopsy _____

MOTHER FATHER

11. Industry or business _____
 12. Name John W Fisher
 13. Birthplace Clinton W Va
(City, town, or county) (State or foreign country)
 14. Maiden name Mary C Fisher
 15. Birthplace Craig Co Mo
(City, town, county) (State or foreign country)
 16. (a) Informant C. E. Charles
 (b) Address Clinton Mo
 17. (a) burial (b) Date thereof 3-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Stones Chapel
 18. (a) Signature of funeral director Fred Williamson
 (b) Address Clinton Mo
 19. (a) 3-12-46 (b) R. H. Kenney
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 2
 23. Signature Chris Wetzel DO M. D. (State) Mo
 Address 105 E Ohio Date signed 3/10/46

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

RECEIVED

DISTRICT HEALTH OFFICE No. 7,

Date: 3-46-228

Date Filed 4-9-46

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton M

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.