

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED AUG 21 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27670
Registrar's No. 23

Registration District No. 182

Primary Registration District No. 4298

1. PLACE OF DEATH:

(a) County. Linn
(b) City or town. Linneus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME William B. Fishback

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

4. Sex Male d 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Bessie Fishback 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased February 3 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 11 hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

12. Name Lucius Fishback
13. Birthplace xxxxxx Kentucky (City, town, or county) (State or foreign country)
14. Maiden name. Nancy Garrett
15. Birthplace Linn County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Fishback
(b) Address Linneus, Missouri

17. (a) Burial (b) Date thereof 8/16/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill, Brookfield, Mo.

18. (a) Signature of funeral director Thorne Undt. Co.

(b) Address Linneus, Mo.

19. (a) August 4, 1946 (b) Mrs. Bessie Fishback
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Linneus 1
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1946 hour 10:45 minute a. m.

21. I hereby certify that I attended the deceased from 8/14 to 8/14, 1946
that I last saw him alive on 8/14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to heart failure probably due to coronary embolism

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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? Yes (Specify type of place) (e) Means of injury heart failure

23. Signature D. S. Miller (M. D. or other)
Address Linneus, Mo Date signed 8/15/46

50 15000 01 31 1970

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Don W. Taylor*

Licensed Embalmer No. *3761*

P. O. Address *Linneus, 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.