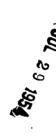
HIED DEA 4	(APA	THE	DIVISION (OF HE	ALTH OF MISS	OURI		۲.	nnon	
FILED DEC 4	19 5U	STA	NDÀRD C	ERTIF	ICATE OF D	EATH	Stat	e File No.	3628(
BIRTH NO		REG. DI	ST. NO. 42		PRIMARY REG. DIS	т. но. <u>5</u>	1133 Reg	istrar's Ne	. 1328	
1. PLACE OF DEATH	I				2. USUAL RES	IDENCE (
a. COUNTY Buch	nanan				a. STATE Mis	souri	b. CO	UNTY	Buchana	
b. CITY (It outside corpora	te Umite, write R	URAL and gi		TH OF	c. CITY (If outside	corporate limi	to, write RURAL		raship) O/	
TOWN Easton	er R.R.#	2 Mar			l	fonge.	r _R MR:#	2, Ma	· Wanii	
ii d. FULL NAME OF Of no	et in hospital or in	etitution, el	W & Oddress or	location)	d. STREET ADDRESS	(If read	l, give location)			
HOSPITAL OR NOTITUTION NO	.East	of St	Joe 14	Mj.	N.	E. of	St.Jos	eph	14 Mil	
	(First)		b. (Middle)		c. (Last)		4. DATE	(Month)	(Day) (Y	
(Type or Print) John	ı	J	oseph		Fisher		OF DEATH	Nov.	23,19	
5, SEX 6, COL				7 MARRIED NEVER MARRIED.				ER I YEAR D' UNDE		
Male O Whi	lte	WIDOWED DIVORCED (Boods) Married/			Dec. 30,	72	Days Hours			
10a. USUAL OCCUPATION (10a. USUAL OCCUPATION (Give kind of work		OF BUSINESS	11. BIRTHPLACE (8	country)	12. CITIZENO				
done during most of working life, even if retire Farmer		Own Farm			Buchanan	urlinge	COUNTRY? U.S			
13a. FATHER'S NAME		1:	36. MOTHER'S	MAIDEN	NAME	14. NA	ME OF HUSBAL	ID OR WI	FE	
Alexander	Fishe	${f r}$	Mary E	liz.	Kessler		Clo	tild	а	
15. WAS DECEASED EVER IN	FORCES?	16. SOCIAL SE	CURITY NO.	17. INFORMAN	T'S SIGN	ATURE OR	NAME	ADDR		
(Yee, no, enunknown) (If yee,	kind mat of Gried	OI service)	None	110.	Mrs Clot	ilda 1	Fisher	Eas	ton, Mo	
18. CAUSE OF DEATH				ICAL C	ERTIFICATION		11		INTERVAL BE ONSET AND	
Enter only one cause per 1.	DISEASE OR CO	ONDITION ING TO DEA	тн• _(а) (Д	tou	osclarat	بر ا	Heart	<u>-</u>	Zest /hu	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NTECEDENT CA		.D.	ine	- Q '					
I T'I his does not mean I "			ing DUE TO (b)	-						
as heart fallure, anthenia,	se to the above co e underlying cau	zuse (a) stat	ing DUE TO (b)		-		•			
etc. It means the dis-	e mudelthing end		DUE TO (c)		. .			<u> </u>	1200	
tion which caused death. 11.	ICANT CONDITIONS				•	1 0				
C	onditions contrib lated to the disco	ruting to the a ze or condition	death but not on causing death.	m	milio 1	Luca		_~~		
19a. DATE OF OPERA- 19	b. MAJOR FINE				7				20. AUTOPS	
()	•••	:			<u> </u>				YES 🗌	
21a. ACCIDENT (850 SUICIDE HOMICIDE	edfy)	21b. PLACE	OF INJURY (e.g., is	n or about	21c. (CITY, TOWN,	OR TOWNSH	IP) (C	COUNTY)	(STATE	
HOMICIDE		nome, iarm, i	petory, street, omee							
21d. TIME (Month) (I	Ony) (Year) (e. INJURY OCC		211, HOW DID INJE	JRY OCCUR?				
OF INJURY		. W	HILEAT NOT W	ORK	<u> · </u>					
22. I hereby certify that	I attended t	he deceas	ed from 4-1	<u> 3-57</u>	<u>v_, 19.17), to _</u>	<u> 11. 21 </u>	, 19	that I le	ast saw the de	
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME. (Month) (I OF INJURY 22. I hereby certify that alive on 1-2 23a. SIGNATURE 245. BURIAL, CREMA-	كم 19 م	0, and th	at death occur	rred at .	6:25 Pm., from	n the cause	es and on the	date sta	ted above.	
23e. SIGNATURE	1 1	7	(Degree	or title) _	23b. ADDRESS	1.	. ٦-		23c. DATE S	
Harold	y 19	nu	um /	ng) (1 M	repl	-, mo	· ·	11.24.	
241. BURIAL, CREMA-	DATE	1	24c. NAME OF C	EMETER	Y OR CREMATORY	1 V	ATION (City, to	•	unty) (S	
Burial	Nov.27.			y is	Cemetery		lingen,		<u>ssouri</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S S	GNATURE	D1	ラゲ	25. FUNERAL DIE	ECTOR'S	SIGNATURE	<i>[</i> ,	ADDRESS	
nov. 28, 1950	Carl	<u>C.</u>	COC	76	DHerman!	WENG	KINKAA	en '	1802 linia	
			(Licensed Emb	almer's	itatement on Reverse	Side)				



STATEMENT BY LICENSED EMBALMER

I here	by certify that	the body	y whose	name is re	corded on	the rev	erse sid	of thi	s certifi ca te	was	embalmed	by me, or	- Ъу	
									., Studen	t Ent	salmer No	•		

working under my personal supervision,

Student Embalmer Licensed Embalmer No

P. O. Address... 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.