

S. No. 2
 00M—5-43
 Rev. 5-17-39
 I X6871

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39793
 State File No. _____
 Registrar's No. 410

FILED DEC 24 1946

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH:
 (a) County **Callaway**
 (b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Callaway County Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **18 Days**
 In this community **Life**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **ROBERT EDMUND FISHER**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Katherine** 6. (c) Age of husband or wife if alive **DK** years
 7. Birth date of deceased **March 20 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	8	29	hr. _____ min. _____

9. Birthplace **Callaway County Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Real Estate**

11. Industry or business _____
 12. Name **Joel Thomas Fisher**
 13. Birthplace **va.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary E. Houf**
 15. Birthplace **Callaway County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. R. E. Fisher**
 (b) Address **Fulton, No. R. F. D. # 2**
 17. (a) **Burial** (b) Date thereof **12-22-46**
(Burial, cremation, or removal) (City or town) (County) (State)
 (c) Place: burial or cremation **Richland Baptist Ch. Cem**

18. (a) Signature of funeral director **Hallace Funeral Home**
 (b) Address **776 6th St. Fulton Mo**
 19. (a) **12-21-1946** (b) **Joie Morant Kropf**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Callaway**
 (c) City or town **Fulton**
(If outside city or town limits, write "RURAL")
 (d) Street No. **R. F. D. # 2**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** 19 **19**
 year **1946** hour **2** minute **55 P. M.**
 21. I hereby certify that I attended the deceased from **Dec 26**, 19**45**, to **12/19**, 19**46**
 that I last saw him alive on **Dec 19**, 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial, Chronic**
Coronary artery Disease
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: **931**
 Of operations _____
 Of autopsy _____

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) (e) Means of injury _____
 23. Signature **George F. Wood** (M. D. or other) **MD**
 Address **Fulton Mo** Date signed **12/24/46**

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

38001

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 12-23-76

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 Wenzil C. Browning
Licensed Embalmer No. 9724
P. O. Address Fullon 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.