

S. No. 2  
M-5-43  
v. 5-17-39  
P. 1 X36671

FILED JUN 18 1947

Registration District No. 336 Primary Registration District No. 6121 Registrar's No. 021

1. PLACE OF DEATH:  
 (a) County Shannon  
 (b) City or town Birch Tree  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
none  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)  
 In this community 4 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Shannon  
 (c) City or town Birch Tree route #2  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) Citizen of foreign country? 0  
(Yes or No)  
 If yes, name country.

3. (a) PRINT FULL NAME Maude Fisher  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex F / race W  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife John A Fisher  
 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased April 25 1880  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 17  
 year 1947 hour 6 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from April 15  
 1947, to April 27, 1947.  
 that I last saw her alive on April 12, 1947,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of bowels Duration 5 days  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 12 2 B  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
66 11 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace IOWA  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 12. Name Soloman U. Officer  
 13. Birthplace IOWA  
(City, town, or county) (State or foreign country)  
 14. Maiden name Nancy McNeal  
 15. Birthplace Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant John A Fisher  
 (b) Address Birch Tree, MO  
 17. (a) Burial (b) Date thereof 4-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Empire Cemetery

18. (a) Signature of funeral director see volume  
 (b) Address Mountain view, Missouri  
 19. (a) 5-20-47 (b) Mabel Paele  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place) (e) Means of injury  
 While at work? \_\_\_\_\_  
 23. Signature R. d. Davis (M. D. or other) \_\_\_\_\_  
 Address Birch Tree Mo Date signed 7/10-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 641317

Date Filed 6-17-47

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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. 4325

P. O. Address Mountain View, Md

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.