

AUG 16 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25008

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 82 4050  
(b) Township \_\_\_\_\_ Primary Registration District No. 57-22 Registered No. 5  
(c) City Easton, (d) Street No. Easton, Missouri, St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna M. Fisher,

(a) Residence, No. Easton, Missouri, St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alexander Fisher,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 29, 1856</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>3</u>	DAYS <u>7</u> if LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home,</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan County, Missouri,</u>		
FATHER	13. NAME <u>Michael Maxey,</u>	<u>5</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Ireland,</u>	<u>5</u>
MOTHER	15. MAIDEN NAME <u>Margaret Salensby,</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Ireland,</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Margaret Liganon, Easton, Missouri,</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Easton, Mo.</u> DATE <u>July 3th, 39</u>		
19. FUNERAL DIRECTOR (NAMES) (ADDRESS) <u>Theron Bilsch, Beer, St. Joseph, Mo.</u>		
20. FILED <u>8/10</u> 19 <u>39</u> <u>PP</u> <u>Truman</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6th, 1939

22. I HEREBY CERTIFY That I attended deceased from July 4, 1939, to July 6, 1939.  
I last saw her alive on July 4, 1939. Death is said to have occurred on the date stated above, at 9:45 am.  
The principal cause of death and related causes of importance were as follows:  
Chronic intercurrent pneumonia  
Date of onset 9:45 am

Other contributory causes of importance:  
none

Name of operation Chloroform Date of 1939  
What test confirmed diagnosis? Chloroform Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ (Signed) John J. [Signature], M. D.  
(Address) St. Joseph, Mo.

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

U. S. NO. 2.  
FORM 1-12-38

I X14028

RECEIVED

District Health Officer No. 11;

District File Number

839-1042

Date Filed

AUG 11 1939

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,

July 6, 1939

or by

Registered Apprentice No. ...., working under my personal supervision:

Signed

*W. E. Summerfield*

Licensed Embalmer No.

5007

P. O. Address

319 S. 76<sup>th</sup> St., St. Joseph, 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, above space should be left blank.