

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

15822
Do not use this space.

1. PLACE OF DEATH *2*
 (a) County *Dike* Registration District No. *689*
 (b) Township *Leussane* Primary Registration District No. *3033*
 (c) City *Leussane* (d) Street No. *408 32d* Registered No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____
 2. PRINT FULL NAME *Charles Fischer*
 (a) Residence, No. *408 S-39* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Elizabeth Fischer*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 4 1861*
 7. AGE YEARS *78* MONTHS *3* DAYS *8* IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*
 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) *Several years* 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dike Co Mo*
 FATHER 13. NAME *William Fischer*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
 MOTHER 15. MAIDEN NAME *Lera - (?)*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
 17. INFORMANT (ADDRESS) *Miss Lyda Fischer Leussane Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Fairview - Dike Co* DATE *4/20 39*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *J. O. Haum Leussane Mo*
 20. FILED *4/19 39* *J. O. Haum* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 18 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *April 9*, 1939, to *April 18*, 1939
 I last saw him alive on *April 18*, 1939. Death is said to have occurred on the date stated above, at *11:00* m.
 The principal cause of death and related causes of importance were as follows:
Diarrhea
 Date of onset _____
 Other contributory causes of importance:
Atherosclerosis & Infarction of a.g. & m. as complication
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) *J. O. Haum*, M. D.
 (Address) *Leussane Mo*

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-891

Date Filed MAY 3 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,

George O. Wagner, or by

or by

Registered Apprentice No. working under my personal supervision

Signed

George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, La

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.