

30 AUG 4 1939

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

26014  
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson 2  
(b) Township Valle 1  
(c) City Desoto  
(d) Street No. 420  
Primary Registration District No. 5574  
Registered No. 43

(e) Length of residence in city or town where death occurred 68 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

2601 SEBELLA FISCHER.  
(a) Residence, No. RR No. 1, Desoto, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Fischer  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24 - 1870  
7. AGE YEARS 68 MONTHS 6 DAYS 12  
If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. harness fe  
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) Desoto Mo.

FATHER 13. NAME Robert Boothe 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool England

MOTHER 15. MAIDEN NAME Saphronia Peltan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Umeland Mo.

17. INFORMANT Frona Theodoro (ADDRESS) Desoto Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ebenezer DATE July 8, 1939

19. FUNERAL DIRECTOR Motherhead (ADDRESS) Desoto - Mo

20. FILED 8-3 1939 Geneva Danneel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from April 1938, to July 6 1939. I last saw her alive on July 5 1939. Death is said to have occurred on the date stated above, at 12:57 AM.

The principal cause of death and related causes of importance were as follows:  
arteriosclerotic heart disease  
General arteriosclerosis  
Other contributory causes of importance: nephrosclerosis  
Date of onset unknown

Name of operation none Date of...  
What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury...  
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) Earl V. McPherson, M. D.  
381 (Address) Edger Beth. Desoto, Mo.

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.

50M-7-20-37  
1 X12004

SEP 12 1944

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**