

JAN 22 1941

Registration District No. 877

Primary Registration District No. ~~877~~ 6165 - Registrar's No.

1. PLACE OF DEATH:
(a) County Vernon
(b) ~~City or town~~ Rural Bacon Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 2

3. (a) PRINT FULL NAME PETER FISCHER
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, Widowed
6. (b) Name of husband or wife Ella Mae Rinn Fischer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUGUST 21, 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Bremgarten Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Peter Fischer

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Huggler

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. M. Rinn
(b) Address Schell City, Mo.

17. (a) Burial (b) Date thereof Dec. 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taberville, Mo.

18. (a) Signature of funeral director Lute Lewis & Son
(b) Address Schell City, Mo.

19. (a) Dec. 13-40 (b) Pearle Rayne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? 62 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1940 hour 5 minute 30 AM.
21. I hereby certify that I attended the deceased from Dec 10, 1940 to Dec 10, 1940
that I last saw him alive on Dec 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown
Complication of flu

Due to _____
Due to _____
Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no
While at work? no (Specify type of place) (e) Means of injury no

23. Signature J. C. Calver (M. D. or other) MD
Address Schell City, Mo. Date signed 12-11-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 1-41-87

Date Filed 1-11-41

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

Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell city, m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.