No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7655

Registration District No. 919 — Primary Registration District No. 5793a — Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural Hawcreek Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 74 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 91

(c) City or town Rural 0 (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 JOHANNA MARIE FISCHER

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife August Henry Fischer

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased June (Month) 10 (Day) 1866 (Year)

8. AGE: Years 74 Months 8 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Stover (City, town, or county) O Mo. (State or foreign country)

10. Usual occupation house wife

11. Industry or business .....

FATHER
12. Name William Wiechert
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Emil Fischer

(b) Address Stover Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Stover Cem.

18. (a) Signature of funeral director Rapp & Stevinson

(b) Address Stover Mo.

19. (a) Mar 10th 1941 (Date received local registrar) (b) Thos L Rippeger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15th year 1941 hour 12 minute 30 A M.

21. Thereby certify that I attended the deceased from Feb 13 1941 to Feb 13 1941; that I last saw her alive on Feb 13 1941; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy — Duration 2 days

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

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

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)

While at work? ✓ (e) Means of injury ✓

23. Signature Chas A Wiesh (M. D. or other)

Address Stover Mo. Date signed 2-15-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-41-510
Date Filed 3-11-41

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 Jewell Stevenson

Licensed Embalmer No. 4072

P. O. Address Stover Mo.

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

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