

No. 2
1-4-41
5-17-39
1 X26390

FILLED NOV 6 27 1941

Registration District No. _____

Primary Registration District No. **5035**

Registrar's No. _____

1. PLACE OF DEATH

(a) County Audrain

(b) City or town Linn Co. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 1/2 miles S.W. of Laddonia Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARGARET LOUISE FISCHER

(b) If veteran, name war _____

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

7. Birth date of deceased aug 24 - 1931
(Month) (Day) (Year)

Immediate cause of death guny verdict:
We find that the deceased came to her death by being struck by an automobile driven by Thomas Henry Hamilton, mo on highway #54 about two miles south of Laddonia, Mo.
We also consider the accident removable liable as far as the evidence shows

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>1</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Audrain Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation School-girl

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Bernard Fischer

13. Birthplace Audrain Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Frances Bushnell

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

16. (a) Informant Frank B Fischer

(b) Address Laddonia Mo

17. (a) Burial (b) Date thereof Oct 9 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laddonia, Mo

18. (a) Signature of funeral director H. G. Grainger

(b) Address Laddonia, Mo

19. (a) 10-9-1941 (b) W.K. McCall
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy 170 c
gi

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) accident

(b) Date of occurrence Oct. 7, 1941

(c) Where did injury occur? 2 mi S. Laddonia Audrain mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
going from school on highway # 54
(Specify type of place)

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

23. Signature E. J. Burton, Coroner (M. D. or other) _____

Address Mexico, Mo Date signed 10/7/41

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

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.....

H. G. Grainger

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *H. G. Grainger*

Licensed Embalmer No.

1297

P. O. Address.....

Ladsonia, 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, fact should be so stated above.