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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26629

Registration District No. 27 Primary Registration District No. 5089 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural Pleasant Gap 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 50
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates 7

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Pleasant Gap Twp.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANNA MARIA FISCHER

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex f 1 | 5. Color or race w | 6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife August Fischer 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Oct (Month) 2 (Day) 1863 (Year)

8. AGE: Years 78 | Months 10 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Humboldt (City, town, or county) Kas. 1 (State or foreign country)

10. Usual occupation housewife

11. Industry or business .....

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

MOTHER
14. Maiden name Mary Rapp
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Herman Fischer
(b) Address Appleton City, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation Reformed Church Cem

18. (a) Signature of funeral director Culver
(b) Address Butler Mo

19. (a) Aug. 10, 1942 (Date received local registrar) (b) Mrs Marvin Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1942 hour 3 minute 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.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Chronic nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131 b	
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 D D Lefferre (M. D. or other) Md
Address Butler, Mo Date signed 8-9-42

1306 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-42-978
Date Filed 9-9-42,

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 C. E. Carlson

Licensed Embalmer No. 2576

P. O. Address Butler, 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.