

S. No. 2
M-5-42
v. 5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27927

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisa
(c) Name of hospital or institution
on City Branch (Creek) lot 4 & 5th
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Louisa
(d) Street No. 1415 Carolina
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bert Cecil Fischer
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 8
year 1942 hour 4 minute 30 p. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Esther Todd Fischer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sep 16 1896
Month Day Year

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

8. AGE: Years 45 Months 10 Days 23 If less than one day _____ hr. _____ min.

Immediate cause of death
Went to sleep and fell off into Creek striking his head on a rock which caused his death
Duration _____

9. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Henry Fischer
13. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Nattie Ferguson
15. Birthplace Mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Nattie Fischer
(b) Address 1415 Car Louisa Mo
17. (a) Reburied (b) Date thereof Aug 18-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Reverend

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 8/8/42
(c) Where did injury occur on Louisa Pike Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Creek (Specify type of place)
While at work? No (e) Means of injury Head injury

18. (a) Signature of funeral director J. O. Haery
(b) Address Louisa Mo
19. (a) 8/9-42 (b) J. O. Haery
(Date received local registrar) (Registrator's signature)

23. Signature M. M. Smith (M. D. or other)
Address Louisa Mo Date signed 8/10/42

RECEIVED

District Health Officer No. 10

District File Number 9-42-1734

Date Filed SEP-10-1942

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.....

George O. Hagner

....., Registered Apprentice No.

working under my personal supervision.

Signed *George O. Hagner*.....

Licensed Embalmer No. 3773.....

P. O. Address Louisiana, 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.