. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43905

Registration District No. 320 Primary Registration District No. 3071 Registrar's No. 56

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(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 —
In this community 4 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Slater
(If outside city or town limits, write "RURAL")
(d) Street No. 816 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John William 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 —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May-1-1857 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Rhineland, Montgomery Co. (City, town, or county) (State or foreign country) Mo
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Aloysius Fischer
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Flintop
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Alonzo Leinkuehler
(b) Address Slater Mo #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Evangelical Cemetery near Arrow Rock Mo
18. (a) Signature of funeral director
(b) Address Pres & Sulzer, Slater Mo
19. (a) 12-14-43 (Date received local registrar) (b) Mrs. John Giger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1943 hour 5 minute 9 M.
21. I hereby certify that I attended the deceased from June 30 43, 19__, to Dec 5, 1943 that I last saw him alive on Dec 5, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	24
Due to Carcinoma Lpt Kidney	8 Mos
Due to Myocarditis Chr.	6 Mos
Other conditions Ureter Sclerosis (Include pregnancy within 3 months of death)	70 yrs

Major findings:
Of operations None
Of autopsy None

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) No.
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No. (Specify type of place)
While at work? No (e) Means of injury No.
23. Signature Wm E Lockwood (M. D. or other)
Address Slater Mo Date signed 12/7/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-7-44

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 Joe E Jones

Licensed Embalmer No. 3/53

P. O. Address Slater 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.