

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

FILED MAR 27 1944

Registration District No. 225

Primary Registration District No. 4335

Registrar's No. 45

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

57  
20

1. PLACE OF DEATH:

(a) County MONITEAU

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

(c) Name of hospital or institution: NONE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether)

In this community Life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU

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

(d) Street No. NO STREET NUMBERS  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country NATIVE

3. (a) PRINT FULL NAME EDWARD JOHN FISCHER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LAURA FISCHER

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased JUNE, 6th, 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>8</u>	<u>28</u>	hr. min.

9. Birthplace TIPTON, MO  
(City, town, or county) (State or foreign country)

10. Usual occupation DENTIST

11. Industry or business (RETIRED)

12. Name JOHN FISCHER

13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH WINEGARTNER

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

16. (a) Informant LAURA FISCHER

(b) Address TIPTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/6/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Tipton Catholic Cem.

18. (a) Signature of funeral director Jessie E. Richard  
(b) Address Tipton, Mo.

19. (a) Mar 6/44 (Date received local health officer) (b) Mrs. Lois Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 11~~th~~3rd  
year 1944 hour 8 minute 10P. M.

21. I hereby certify that I attended the deceased from Feb. 7 1940 to Mar 3 1940  
that I last saw him alive on Mar. 2 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia  
acute.

Due to Hypertension

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83d

Of autopsy

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?

23. Signature J. J. Potts (Specify type of place) (M. D. or other)  
Address Tipton, Mo. (c) Means of injury 5-4-44  
Date signed

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MAR 2 9 1944

MAR 30 1944

DEC 15 1950

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Lepton 250

**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..