

S. No. 2
-12-45
-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8089

FILED MAR 24 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 5782

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Cape Gir
(b) City or town Rural Shannon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
1 1/2 miles S.W. Heelys Landing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community six years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cape Gir 16
(c) City or town Rural Shannon Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 miles S.W. Heelys Landing
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph H 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 married
6. (b) Name of husband or wife Minnie Fischer 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 19 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 20 hr. _____ min.

9. Birthplace Cape Gir MO D
(City, town, or county) (State or foreign country)

10. Usual occupation Construction Dept

11. Industry or business _____
12. Name George Fischer 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Stuber
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Fischer
(b) Address Heelys Landing MO
17. (a) Burial (b) Date thereof 13-12-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. G. Schubert
(b) Address 3-17-48
19. (a) 3-17-48 (b) J. G. Schubert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9
year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from now
_____, 1946 to Mar, 1948
that I last saw him alive on Mar 9, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Coronary Thrombosis 2 hrs
Due to Coronary Sclerosis 4 yrs

Due to _____
Other conditions hypertension 10 yrs
(Include pregnancy within 3 months of death)

Major findings: 94A
Of operations _____
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? ✓

While at work? _____ (Specify type of place) () Means of injury _____
23. Signature J. E. Ruff (M. D. or other) M.D.
Address Jackman Mo Date signed 3-14-48

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

MOTHER FATHER

MAKES
EVEN

RECEIVED

Health Officer No. 4

License Number 348-384

Date Issued 3-23-48

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 *Gene C. Crawford*

Licensed Embalmer No. *4397*

P. O. Address *Jackson, 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.