

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15807

State File No. _____

Registration District No. 77

Primary Registration District No. 5303

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Cole
(b) City or town RURAL Jefferson Twnshp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.#2, Jefferson City, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 65 yrs (Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.#2, Jefferson City
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Benjamin F. Fischer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22
year 1948 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from
dead when he died, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased October 27 1883
(Month) (Day) (Year)

Immediate cause of death myocardial infarction Duration Sudden

8. AGE: Years Months Days If less than one day
64 6 25 hr. min.

Due to Paronychia
Reseal
Due to _____

9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Frederich Fischer

13. Birthplace Cole County, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Neighorn

15. Birthplace Cole County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mathilda Fischer

(b) Address R.R.#2, Jefferson City, Mo

17. (a) Burial (b) Date thereof May 24 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Shopf & Gidm

(b) Address Jefferson City, Missouri

19. (a) 5-24-48 (b) R. C. Davis, md
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 3

23. Signature J. H. Leslie (M. D. or other)
Address Jefferson City Mo Date signed 5-24-48

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

6
0
0

RECEIVED
District Health Officer No. 9
District File Number
Date Filed ~~MAY 26 1948~~

JUN 4 1948

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 Ferd P. Gulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City, 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.