

No. 2  
-5-43  
17-39  
X38671

FILED JUN 21 1948

Registration District No. 291

Primary Registration District No. 4456

State File No. ....

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County St. Clair  
(b) City or town Appleton City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Eliet Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #6  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Germany

3. (a) PRINT FULL NAME Carl August Fischer

3. (b) If veteran, name war No 3. (c) Social Security No. ----

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Anna Maria Fischer 6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased May 17 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 0 12 -- hr. --- min.

9. Birthplace Kraess Bielefeld Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business -----

12. Name Louis Fischer

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

14. Maiden name Johanna Neidermeyer

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

16. (a) Informant Herman Fischer  
(b) Address Butler, Missouri

17. (a) Burial (b) Date thereof 6-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reform Cemetery  
18. (a) Signature of funeral director John S. Underwood  
(b) Address Butler Mo

19. (a) June 12-1948 (b) Mrs. Oles Shroy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1948 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from 2 May 1948, to 29 May 1948;  
that I last saw him alive on 29 May 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations .....

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? .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

While at work (Specify type of place) .....

(e) Means of injury .....

23. Signature W. J. Miller (M. D. or other) MD

Address Appleton City, Mo Date signed 31 May 48

RECEIVED  
District Health Officer No. 71  
District File Number 5-48-624  
Date Filed 6-18-48

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.....

*Robert J. Steinbeck*

Registered Apprentice No. 200

working under my personal supervision.

Signed *John J. Underwood*  
Licensed Embalmer No. 3585  
P. O. Address Butler 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.