

REC JAN 25 1941

Registration District No. 735

Primary Registration District No. 5970

Registrar's No. 251

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

1. PLACE OF DEATH:
 (a) County. Randolph
 (b) City or town. Rural Sugar Creek
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
RFD Moberly Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community 1 Month 22 Days
years, months or days

3. (a) PRINT FULL NAME. William Eugene Fischer
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

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 Oct. 24, 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	1	22	hr. min.

9. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation 0

11. Industry or business 0

MOTHER FATHER { 12. Name William Joseph Fischer 0

13. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ive M. Kindell

15. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm J. Fischer

(b) Address RFD Moberly Mo.

17. (a) Burial (b) Date thereof Dec. 17, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Missouri

19. (a) Dec. 17, 40 (b) Leah Hillious
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Randolph
 (c) City or town: Rural Sugar Creek
(If outside city or town limits, write "RURAL")
 (d) Street No. RFD Moberly
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 15th
 year 1940 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec 13
1940 to Dec 15, 1940,
 that I last saw him alive on Dec 15, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Bronchial Pneumonia 4 days

Due to _____
 Due to _____ HN

Other conditions Influenza 3 days
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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?
925 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature W. B. Johnston (M. D. or other) NO
 Address Wentzville Mo. Date signed 12/24/40

RECEIVED

District Health Officer No. 10

File Number 1-41-156

Date Filed JAN 16 1941

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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, above space should be left blank.