No. 2
-1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

Registration District No. 719

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5793 a

State File No. 7657

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Morgan

(b) ~~City or town~~ Rural Hawcreek

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Rural 0

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

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME August Henry 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 Widowed

6. (b) Name of husband or wife Johanna Fischer

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

7. Birth date of deceased Sept. (Month) 21 (Day) 1859 (Year)

8. AGE: Years 81 Months 5 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Stover (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name A. C. Fredrich Fischer
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Sophia Heineker
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Martin Fischer

(b) Address Stover, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Stover Cem.

18. (a) Signature of funeral director Rapp Stevenson

(b) Address Stover Mo

19. (a) Mar 10-1941 (Date received local registrar) (b) Wm L Ripperger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1941 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 1941 to Feb 27 1941 that I last saw him alive on Feb 27 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion

Due to Influenza

Due to .....

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

Major findings:
Of operations ✓

Of autopsy none

Duration

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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Chas A. West (M. D. or other)

Address Stover Mo Date signed 3/8/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-41-574
Date Filed 3-11-41

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 Jewell Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.