

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

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26300

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11626

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Bothwell Memorial Hospital  
(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 Pettis  
(c) City or town RFD # 1, Sedalia, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD # 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dickey Dean 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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 21, 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 2 If less than one day 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Charles R. Fischer

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

14. Maiden name Florence Smith

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

16. (a) Informant Chas. R. Smith

(b) Address RFD #1, Sedalia, Mo.

17. (a) Burial (b) Date thereof 3/24/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

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

(b) Address Sedalia, Missouri

19. (a) 3-24-41 (b) Mr. Harry Sneed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1941 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from 3/21 1941 to 3/23 1941  
that I last saw him alive on 3/23 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition  
Duration 15H

Due to Mother's Hyperemesis

Due to gravidaemia 8 mo. of pregnancy

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

Major findings:  
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? no

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Dr. Dyer (M. D. or other) D

Address Sedalia Mo Date signed 3/23/41

RECEIVED  
District Health Officer No. 8,  
District File Number  
4-9-71  
to Filed

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**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.....

Licensed Embalmer No.....

P. O. Address.....

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

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