

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 296

Primary Registration District No. 4180

Registrar's No. _____

36
5
0

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Union Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 4 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME William M. Fischer

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Saura Fischer 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November 30th 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 19 If less than one day hr. X min.

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

10. Usual occupation Retired Farming

11. Industry or business X

12. Name William B. Fischer

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

14. Maiden name Katherine Hellmann

15. Birthplace Villa Ridge Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ben W. Fischer

(b) Address Union Mo.

17. (a) Burial (b) Date thereof 5/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Stephens Villa Ridge Mo.

18. (a) Signature of funeral director E. F. Ottmann

(b) Address Union Mo.

19. (a) May 20/42 (b) Conrad Rieger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Union
(If outside city or town limits, write "RURAL")
(d) Street No. 301 South Oak St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1942 hour 05 minute 15 a.m.

21. I hereby certify that I attended the deceased from Sept 8, 1931, to May 5, 1942
that I last saw him alive on 5-3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Sclerosis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy X

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(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 0

23. Signature W. M. Lunny (M. D. or other) W. S.
Address Union Mo. Date signed 5-19-42

Duration

1.420

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

E. F. Olmann

Licensed Embalmer No.

1686

P. O. Address

Union 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.