

Registration District No. 8 1943 28

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. John's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days

In this community 43 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ernest A. Fiedler

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

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

6. (b) Name of husband or wife Rose A. Fiedler 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Oct. 3 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

43 0 27 _____ hr. _____ min.

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

10. Usual occupation Fiedler's Supply Co.

11. Industry or business Fiedler's Supply Co.

12. Name T.J. Fiedler

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

14. Maiden name Elizabeth Lohmeyer

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

16. (a) Informant Mrs. Rose A. Fiedler

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Nov. 3, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 11-3-43 (b) H.H. Lohmeyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 2240 S. Holland
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1943 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from Sept 17 to Oct 30 that I last saw him alive on Oct 30 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to unk. had previous high fever and also

Due to unk. peritonitis stroke

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? _____

While at work _____ (Specify type of place) Means of injury _____

23. Signature W.E. Swery (M. D. or other) _____

Address Springfield, Mo. Date signed Nov 2

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.....

Walter E Hamellen

Licensed Embalmer No. *3808*

P. O. Address.....

Springfield 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.