

REG NOV 15 1943
Registration District No. 381

Primary Registration District No. 6178

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Sullivan

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

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

(d) Street No. Duncan Twp.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 80 years.

3. (a) PRINT FULL NAME Louis Henry Fisher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1943 hour 4 minute 30 p. M.

4. Sex Male 5. Color or Race White

6. (b) Name of husband or wife Etta Florence Fisher 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 28 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10 - 1 1943 to 10 - 6 1943
and that death occurred on the date and hour stated above.

8. AGE: Year 87 Months 7 Days 8
If less than one day _____ hr. _____ min.

Immediate cause of death Myocarditis, Chronic

Duration 3

9. Birthplace Alsace Lorraine Germany
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation Farmer

Major findings of operations _____

11. Industry or business Livestock raising & farming

Of autopsy _____

12. Name Charles Henry Fisher

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

14. Maiden name Catherine Bernhardt

15. Birthplace Terre Haute, Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Fisher

(b) Address Milan Mo.

17. (a) Burial Schrock Cem Peger
(Burial, cremation, or removal) (City or town) (County) (State)

(b) Date of occurrence Oct 8, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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) (e) Means of injury _____

23. Signature J. C. Weston, M.D. (M. D. or other)
Address Bart, Mo. Date signed 10-7-43

1190

RECEIVED

District Health Officer No. 10

District File Number 11-43-1811

Date Filed NOV 12 1943

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.....

Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, Ill

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.