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21492

14477

State File No. _____

FILED MAY 8 1944

Registration District No. _____

Primary Registration District No. 5307

Registrar's No. X 6

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Lohman Moreau township
(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 Life (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole
(c) City or town Lohman, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John W. 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 Married
6. (b) Name of husband or wife Alma Fischer 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Sept. 4th 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 10 _____ hr. _____ min.

9. Birthplace Elston Cole Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Gus Fischer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherin Schubert
15. Birthplace Elston, MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Fischer
(b) Address Lohman Mo.

17. (a) Burial (b) Date thereof April 17, 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lohman, Luth. Cem.

18. (a) Signature of funeral director Hugo Schubert
(b) Address Russellville, Mo.

19. (a) April 17-44 (b) Mrs. E.W. Plummer
(Date received local burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14,
year 1944 hour 10 minute P.M. M.

21. I hereby certify that I attended the deceased from April 12, 1944 to April 14, 1944
that I last saw him alive on April 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 3 days

Due to _____
Due to _____

Other conditions (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? _____

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature Walter S. Seal (M. D. or other) _____
Address Russellville, Mo. Date signed 4-14-44

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-6-44.....

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.....

Wesley H. Schubert

Licensed Embalmer No. 2820

P. O. Address.....

Russellville, Mo

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, above space should be left blank.