

S. No. 2  
M-1-4-41  
y. 5-17-39  
-I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19224

FILED JUN 8 1944

Registration District No. 9

Primary Registration District No. 4474

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:  
104 North Locust Street  
(If not in hospital or institution, write street number or location)

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

In this community 52 years  
years, months or days

3. (a) PRINT FULL NAME MINNIE FISCHER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert W Fischer

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

7. Birth date of deceased October 27 1867  
(Month) (Day) (Year)

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

76 6 4 - hr. min.

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

10. Usual occupation House Wife

11. Industry or business at home

12. Name Fred Wittroch

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

14. Maiden name Caroline Wittroch

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

16. (a) Informant Ellie Fischer

(b) Address 104 N. Locust St. Sweet Springs Mo

17. (a) Burial (b) Date thereof May 3-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs Mo

18. (a) Signature of funeral director Jesse Bradley

(b) Address Sweet Springs Mo

19. (a) May 2 44 (b) Miss Della Hoffmann  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 9

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

(d) Street No. 104 North Locust  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1944 hour \_\_\_\_\_ minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1 1944 to May 1 1944  
that I last saw him alive on May 1 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration Unknown

Due to Probably Rterio-sclerosis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

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) (e) Means of injury \_\_\_\_\_

23. Signature A. H. Ringen (M. D. or other) \_\_\_\_\_  
Address Sweet Springs Mo Date signed 5/1-44

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

97  
3  
0

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 6-2-44

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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 Jesse Hawley

Licensed Embalmer No. 2214

P. O. Address.....

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.