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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED DEC 15 1944**  
 STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
 Registrar's No. \_\_\_\_\_

Registration District No. 278 Primary Registration District No. 3054

**1. PLACE OF DEATH:**  
 (a) County Pike  
 (b) City or town Louisiana  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Home  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Pike  
 (c) City or town Louisiana (If outside city or town limits, write "RURAL")  
 (d) Street No. 23d (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Ray Fischer  
 3. (b) If veteran, name war No 3. (c) Social Security No. No  
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 23 - 1899  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Nov day 24 year 1944 hour 1 minute 32 P.M.  
 21. I hereby certify that I attended the deceased from Nov. 29, 1942 to Nov. 24, 1944  
 that I last saw him alive on Nov. 24, 1944, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis, 10 yrs.  
 Due to \_\_\_\_\_  
 Due to 13

**8. AGE:** Years 45 Months 7 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pike Co Mo (City, town, or county) (State or foreign country)  
 10. Usual occupation Grocery Clerk  
 11. Industry or business Grocery Store Retail

Other conditions Collapsed left lung from thoroplasty.  
 (Include pregnancy within 4 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**MOTHER FATHER**  
 12. Name Charlie Fischer  
 13. Birthplace Pike Co Mo  
 14. Maiden name Elizabeth Love  
 15. Birthplace Pike Co Mo

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Lyda Fischer (sister)  
 (b) Address Louisiana Mo  
 17. (a) Buried (b) Date thereof 4/26-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Fairview Cemetery

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? \_\_\_\_\_

18. (a) Signature of General Director J. H. ...  
 (b) Address Louisiana Mo  
 19. (a) 11/24/44 (b) J. H. ...  
 (Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_  
 23. Signature Robert L. ... M.D.  
 Address Louisiana, Mo. Date signed 11/28/44

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

RECEIVED

District Health Officer No. 10

District File Number 12-44-1975

Date Filed DEC. 13. 1944

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.....

*George O. Hagner*

..... Registered Apprentice No. ....

working under my personal supervision.

Signed *George O. Hagner*.....

Licensed Embalmer No. 3173.....

P. O. Address Louisiana, La......

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.