

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

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Houser Hotel 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Eight weeks _____ (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Eldon S. 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 Divorced
6. (b) Name of husband or wife Gladys **6. (c) Age of husband or wife if** 6 **alive** U.K. **years**
7. Birth date of deceased July 6 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Miner and Prospector

11. Industry or business _____

MOTHER FATHER
12. Name J. C. Fischer
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sally Gross
15. Birthplace Canton Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. Nelson Schweppe

(b) Address 200 Prospect, Alton, Ill

17. (a) Cremation **(b) Date thereof** 12-21-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Valhalla-St. Louis, Mo.

18. (a) Signature of funeral director Louis D. Phillips

(b) Address Eldon, Missouri

19. (a) 12-20-44 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Hickory Hill
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1944 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from 18 1944 12-18 1944
and that death occurred on the date and hour stated above.

that I last saw him alive on 12-18 1944
Immediate cause of death Constrictive Heart Failure Chronic Valvular Disease Chronic Myocarditis
Duration 3 hrs
Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____
g2h

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 E. L. Shelton (M. D. or other) MD
Address Eldon, Mo **Date signed** 12-20

1114

RECEIVED

Miller County Health Dep't.

County File Number 45-5

Date Filed 1-2-44

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.....

..... Louis D. Phillips, Registered Apprentice No.
working under my personal supervision.

Signed Louis D. Phillips
Licensed Embalmer No. 3663

P. O. Address Eldon

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.