

FILED SEP 12 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 172

Primary Registration District No. 4271

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Alma, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Alma
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Phillip Fuchs

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 Meta Fuchs 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August 27, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 17 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Christian Fuchs

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

14. Maiden name Johanna Hauschildt

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

16. (a) Informant Mrs. Meta Fuchs

(b) Address Alma, Missouri

17. (a) Burial (b) Date thereof AUG. 18, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trinity Meth. Cem.

18. (a) Signature of funeral director Alma, Missouri

(b) Address _____

19. (a) 8-18-1945 (b) Dr. W.A. Braetler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14,
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2-10- 1944 to 8-14- 1945,
that I last saw him alive on 8-14- 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema of lungs. Duration _____

Due to Cancer of the nose

Due to _____

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

Major findings: Of operations _____

Of autopsy 53

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 J. G. W. Fischer (M. D. or other) _____

Address Alma Mo. Date signed 8-18-45

RECEIVED
District Health Officer No. 0,
District File Number _____
Date Filed 9-19-75

NOV 20 1951

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

Alfred N. Brewer

Licensed Embalmer No. 2696.

P. O. Address Alma, Missouri.

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.