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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30382

Dr. Ossman

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 195

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Mary's Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1408 West Main Street 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME William Joseph Fischer

3. (b) If veteran, name war ..... 3. (c) Social Security No. none

4. Sex Male 0 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 May (Month) 21 (Day) 1877 (Year)

8. AGE: Years 68 Months 3 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business .....

FATHER
12. Name William Fischer
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Magdalene Katzer
15. Birthplace — (City, town, or county) Dorp Knoll 9 (State or foreign country)

16. (a) Informant Mrs. H. S. Patterson 1
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-3-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Thos. J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 9-7-45 (Date received local registrar) (b) R. P. Dorris MD NR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31 year 1945 hour ..... minute 3 P M.

21. I hereby certify that I attended the deceased from August 30, 1945, to Aug 31, 1945 that I last saw him alive on Aug 31, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Heart disease

Due to Arteriosclerosis

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. A. Ossman (M. D. or other) M.D.

Address Jefferson City, Mo. Date signed 9/4/45

1431

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-18-45

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 Joseph J. Godin

Licensed Embalmer No. 1786

P. O. Address Jefferson City Mo

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.