

FILED SEP 18 1945

Registration District No. _____

Primary Registration District No. **5324**

Registrar's No. _____

1. PLACE OF DEATH

(a) County **Boonville**
(b) City or town **Boonville** "RURAL"
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Crawford**
(c) City or town **Boonville** "RURAL"
(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 _____

3. (a) PRINT FULL NAME

August W. Fisher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May - 14 - 1864**
(Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Morris Mill** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation _____

11. Industry or business **Farm**

MOTHER FATHER

12. Name **William Fischer**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Chas. G. Fischer**
(b) Address **3737 N. Jefferson, St. Louis, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-23-45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Boonville Mo**

18. (a) Signature of funeral director **Robert E. Long**
(b) Address **Boonville, Mo**

19. (a) **Jan 23-48** (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **Unknown**
year **1945** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Deaf from one ear**
Stroke

Due to _____

Other conditions **Long Venet's**
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy **Good**

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 **Robert E. Long** (Physician or other) _____
Address **Boonville Mo** Date signed **1/23/45**

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

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 Elbert Ed Long
Licensed Embalmer No. 3504
P. O. Address Bourbon, 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.