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

100658

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3436

Registration District No. 234 Primary Registration District No. 5815 Registrar's No. 1

1. PLACE OF DEATH:

(a) County MORGAN

(b) City or town RURAL HAWCREEK TWP (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 LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Morgan 71

(c) City or town Stover (Rural) 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LORRIANE ELIZABETH FISCHER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 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) 4 (Day) 1937 (Year)

8. AGE: Years 8 Months 7 Days 14 If less than one day hr. min.

9. Birthplace MORGAN Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name EMIL FISCHER
13. Birthplace MORGAN Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name NORA BRANDT
15. Birthplace MORGAN Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant EMIL FISCHER

(b) Address STOVER MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-21-1945 (Month) (Day) (Year)

(c) Place: burial or cremation STOVER CEM.

18. (a) Signature of funeral director J. L. Stevinson

(b) Address Stover Mo

19. (a) Jan. 2, 1946 (Date received local registrar) (b) Wm L Ripperger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18. year 1945 hour 9:00 minute P.M.

21. I hereby certify that I attended the deceased from 12-18-~~####~~ 45, 19, to 12-18-45., 19; that I last saw her alive on 12-18-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Lobar) History of Influenzia since 12-13-45. I only saw patient once.

Due to

Due to

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

Major findings: Of operations

Of autopsy None.

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) None

(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 Dr. B A Reynolds (M.D. or other) D.O.

Address Stover Date signed 12-20 1945

212 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 7

Certificate Number 1-46-52

Date Filed 2-7-46

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 J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover 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.