No. 2
1—2-43
5-17-39
I X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8837

State File No.

FILED MAR 27 1946

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 2D

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: His home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: all his life

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Clay
(c) City or town: Liberty
(If outside city or town limits, write "RURAL")
(d) Street No.: 331 D. Leonard
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CARL B. FISCHER
3. (b) If veteran, name war: World #1
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: Rosyne L. Fischer
6. (c) Age of ~~husband or~~ wife if alive: 56 years
7. Birth date of deceased: July (Month) 15 (Day) 1888 (Year)

8. AGE: Years 57 Months 7 Days 23 If less than one day hr. min.

9. Birthplace: Liberty (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Auto Mechanic
11. Industry or business:

FATHER
12. Name: John Fischer
13. Birthplace: Finley (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Lydia Bishop
15. Birthplace: Liberty (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Rosyne Livingston Fischer
(b) Address: 331 D. Leonard Liberty Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Mar. 9 1946 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation: Kansas City Mo.
18. (a) Signature of funeral director: C. Hurst Archer Co.
(b) Address: Liberty, Mo.
19. (a) March 9 1946 (Date received local registrar) (b) Minnie Hughes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1946 hour 2 minute 0 A.M.
21. I hereby certify that I attended the deceased from Dec 1939 to March 8 1946 that I last saw him alive on March 7 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 wks
Due to: Cardiovascular Renal Disease	20 yrs
Due to: Rheumatic Fever	20-25 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: 13/10	

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work (Specify type of place) (e) Means of injury

23. Signature: Glenn W. Hughes (M.D. or ~~other~~)
Address: Liberty, Mo. Date signed 3/8/46

64 (Licensed Embalmer's Statement on Reverse Side)

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

14 8 4 21 1
12783

RECEIVED
District Health Officer No. 8
District File Number.....
Date Filed 3-23-46

MAR 29 1946

MAR 29 1946

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty 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.