

**FILED** MAY 10 1946

Registration District No. 57

Primary Registration District No. 3028

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
303 S. Fulton St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 12 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 401  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. 303 S. Fulton St. 3  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Fischer

3. (b) If veteran, name war none 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 Eliza Young Fischer 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January 5 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 3 21 hr. \_\_\_\_\_ min.

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

10. Usual occupation grocer

11. Industry or business Fischer Grocery

12. Name George Fischer

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

14. Maiden name MARGARET REPHIN

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

16. (a) Informant Mrs. John Fischer  
(b) Address 303 S. Fulton, Carthage, Mo.

17. (a) REMOVAL (b) Date thereof APRIL 27-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRONTENAC, KANSAS

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage, Mo.

19. (a) 4-27-46 (b) L. B. Clinton, D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
year 1946 hour 9:15 minute a M.

21. I hereby certify that I attended the deceased from April 19 1946 to April 26 1946  
that I last saw him alive on April 26, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage gastric 7 days  
Due to Ulcer, gastric 10 yrs

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none 2  
Of autopsy none 1170

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 George H. Wood (M. D. or other)  
Address Carthage Mo Date signed 27 Apr 46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

139

46-4-345

NOV 13 1948

NOV 15 1948

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 Leroy Knell-Buckwell

Licensed Embalmer No. 2510

P. O. Address. Carthage, 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.