

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 37795FILED DEC 2 1946
Registration District No. 257Primary Registration District No. 5815Registrar's No. 22

1. PLACE OF DEATH:

(a) County Morgan
 (b) City or town Rural Hawcreek
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 Miles West of Stover, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT
FULL NAME RUDOLPH HENRY FISHER

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Florence Fisher
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased February 14 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 9 13 — hr. — min.

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

10. Usual occupation Farmer11. Industry or business Farmer

12. Name Bred W. Fisher
 13. Birthplace Stover Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Sophie Koehring
 15. Birthplace Stover Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Florence Fisher(b) Address Stover, Mo.

17. (a) Burial (b) Date thereof Nov 29 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation? Stover Cemetery18. (a) Signature of funeral director J. L. Stevenson(b) Address Stover, Mo.

19. (a) Nov 30th 1946 W. L. Rieperger
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Morgan 71
 (c) City or town Rural Hawcreek 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 Miles West of Stover, Mo. 0
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27 th
 year 1946 hour 8 minute 10 a. m.

21. I hereby certify that I attended the deceased from Feb 2, 1946 to Nov 27, 1946
 that I last saw him alive on Nov 26, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 days
 Duration
 Due to arterial sclerosis & hypertension 8 yrs

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

Major findings:
 Of operations COP

Of autopsy _____

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 1

23. Signature A. J. Gusa (M. D. or Other) 1
 Address Verailles Mo Date signed Nov 28 1946

DEC 19 1946

12-2-46
11-46-30-31

APR 2 1953

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 Slower 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.