S. No. 2
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PI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23747

Registration District No. 80 Primary Registration District No. 5307 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Lohman, Rural. Mo. Moreau Twp.
(If outside city or town limits, write "RURAL" and name of township)

(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 ---
(Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole 26

(c) City or town Lohman, Rural, Mo. Moreau Twp. 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 Julia Ann 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 Married

6. (b) Name of husband or wife Richard Fischer

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct. (Month) 26 (Day) 1884 (Year)

8. AGE: Years 62 Months 8 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace Lohman, Rural, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Martin Meyer
13. Birthplace Lohman, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Selma Eggers
15. Birthplace Lohman, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Richard Fischer
(b) Address Lohman, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Stringtown Cen.

18. (a) Signature of funeral director H. Schubert
(b) Address Russellville, Mo.

19. (a) July 17 (Date received local registrar) (b) Mrs. Minnie Hittenmeyer (Registrar's signature) 40

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 15, 1947
year ___ hour 6:15 minute P. M. M.

21. I hereby certify that I attended the deceased from June 24, 1947, to July 15, 1947
that I last saw her alive on July 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 3 wks

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

94A

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 0

23. Signature Walter L. Leslie (M. D. or other)
Address Russellville, Mo. Date signed 7/16/47

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 7/28/47

Distribution Number

Dist. Health Officer No. 9

AUG 1 1947

AUG 1 1947

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. 2820, working under my personal supervision.

Signed H Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville, Md

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.