S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24527

FILED AUG 15 1947

Registration District No. 1

Primary Registration District No. 3328

Registrar's No. 166527

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

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 119 N. McGregor 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 37 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 119 N. McGregor St. 3
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Theresa Ann FISCHER
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Fischer
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October (Month) 11 (Day) 1875 (Year)

8. AGE: Years 71 Months 9 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Quincy, (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George Ricker 4
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name 1
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mr. Nicholas Fischer
(b) Address Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 4 (Day) 47 (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.
19. (a) 8-2-47 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st. year 1947 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from Aug 31, 1947, to Aug 1, 1947, that I last saw her alive on Aug 31, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast with multiple metastases — Duration 2 yrs
Due to
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of 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 George H. Wood (M. D. or other)
Address Carthage Mo Date signed Aug 2 '47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-8-611

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

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.