

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25013  
Registrar's No. 245

FILED AUG 11 1947

Registration District No. 2797

Primary Registration District No. 5922

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Beaman Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community fifty years years, months or days)

3. (a) PRINT FULL NAME Edward Cornelius Fischer

3. (b) If veteran, name war none

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 Dora Scott Fischer

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 23, 1875  
(Month) (Day) (Year)

8. AGE:

Years <u>72</u>	Months <u>1</u>	Days <u>19</u>	If less than one day hr. _____ min.
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9. Birthplace Kansas City, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Godfried Fischer

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

14. Maiden name Veronica Heilman

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

16. (a) Informant Mrs. Dora Fischer (wife)

(b) Address Route 1, Beaman, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Thane Ewing

(b) Address Sedalia, Mo.

19. (a) 7-14-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) (c) Deputy (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Beaman Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1947 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from June 23, 1947, to July 11, 1947,  
that I last saw him alive on July 8, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal insufficiency

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 191A  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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?  
While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 2

23. Signature Bruce L. Dancer (M.D. or other) do  
Address Sedalia, Mo. Date signed 7-14-47

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed 8-8-47

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 Ruone Ewing

Licensed Embalmer No. 3847

P. O. Address Selalia 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.