

FILED MAY 1 1948

Registration District No. 5

Primary Registration District No. 5182

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Rural, Shawneetown  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Shawnee Inn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME KARL HENRY BENJAMIN FIEDLER  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary M. Fiedler 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Nov. 13 1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Wells (City, town, or county) MO. O (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Valentine Fiedler  
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)  
14. Maiden name MARY KASTEN (City, town, or county) (State or foreign country)  
15. Birthplace Uniontown MO. O (City, town, or county) (State or foreign country)

16. (a) Informant Leo Fiedler

(b) Address Jackson, Mo. R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 26 48  
(Month) (Day) (Year)

(c) Place: burial or cremation Shawneetown, Mo.

18. (a) Signature of funeral director Fred. Karmert  
(b) Address New Wells, Mo.  
19. (a) 4-23-48 (Date received local registrar) (b) W.S. Subist (Registrar's signature) 43

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Rural Shawneetown 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

Fiedler MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1948 hour 8:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from July 15 1945 to April 23 1948 that I last saw him alive on April 20 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 yrs

Due to Arteriosclerosis, General 3yrs +

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy 93P  
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) \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Mean of injury \_\_\_\_\_

23. Signature Theodore Fischer (M. D. or other) M.D.  
Address Alttenberg, Mo. Date signed 4-23-48

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

RECEIVED

District Health Officer No. 4  
District File Number 448-55.7  
Date Filed 4-28-48

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.