No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 113340

Registration District No. 206 Primary Registration District No. 3471317 Registrar's No. 78

1. PLACE OF DEATH:
(a) County MADISON
(b) City or town MARQUAND MO
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County MADISON 62
(c) City or town MARQUAND, MO 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEO. F. FISHER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife ELIZA FISHER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 5 (Day) 1865 (Year)

8. AGE: Years 82 Months 10 Days 11 If less than one day hr. min.

9. Birthplace GREENBUD (City, town, or county) MO (State or foreign country) 0
10. Usual occupation FARMER
11. Industry or business ✓
FATHER
12. Name ROMAN-FISHER
13. Birthplace ✓ ✓ (GERMANY) (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name ELIZ. SCHMIDT
15. Birthplace ✓ (GERMANY) (City, town, or county) (State or foreign country) 4
16. (a) Informant ELIZ FISHER
(b) Address MARQUAND MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-26-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Marquand MO (McCHANAN)
18. (a) Signature of funeral director [illegible]
(b) Address Marquand Mo
19. (a) 4-26-48 (Date received local registrar) (b) Florence Hicks (Registrar's signature) 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24 year 1948 hour 6 minute A M.
21. I hereby certify that I attended the deceased from 4/16 — 1948 to his death 4/24 1948 that I last saw him alive on 4/16-1948, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy [illegible]

Duration

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) [illegible]
(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 M. B. Barber (M. D. or other)
Address Frederick Ruwe Mo Date signed 4/27 1948

(Licensed Embalmer's Statement on Reverse Side) (BARBER)

RECEIVED

Health Officer No. 4

File Number 548-612

Filed 5-10-48

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

Edward G. Lehrmann, Jr., Registered Apprentice No. 81,

working under my personal supervision.

Signed L. Pelgan Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.