

FILED MAY 19 1948

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 74 years
years, months or days)

3. (a) PRINT FULL NAME

Louis H. Fischer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theresa Fischer 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 22 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 22 hr. _____ min.

9. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

MOTHER FATHER

11. Industry or business _____
12. Name John Fischer
13. Birthplace Germany U
(City, town, or county) (State or foreign country)
14. Maiden name Christine Schubert
15. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hadley Seider
(b) Address Lohman, Missouri

17. (a) Burial (b) Date thereof May-16-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2100 Cemetery

18. (a) Signature of funeral director John J. Gorman

(b) Address Jefferson City, Missouri

19. (a) 5-15-48 (b) R. G. Barrin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL.")
(d) Street No. R.R. #1, Lohman, Missouri 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 14 day 2
year 1948 hour 3:00 minute 10 M.

21. I hereby certify that I attended the deceased from April 25
1948, to May 14, 1948;
that I last saw him alive on May 14, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction Duration _____
Due to arteriosclerotic heart disease
Due to _____

Other conditions (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? _____

(Specify type of place) While at work? (e) Means of injury _____

23. Signature Paul P. Boyd, M.D. (M. D. or other) _____
Address 425 Madison St. Date signed 5/15/48

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

6
5
4

Jeff. City, Mo.

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAY 18 1948

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 _____

G. N. Fowler

Registered Apprentice No. *42*

working under my personal supervision.

Signed *Ormel Howard Jones*

Licensed Embalmer No. *24411*

P. O. Address *W. Green City*

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.