

FILED NOV 30 1948

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mill St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mo. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No. 404 Patrick St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY KATHRYN FISCHER

3. (b) If veteran, name war NV 3. (c) Social Security No. NO

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John J. Fischer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 14 1856
(Month) (Day) (Year)

8. AGE: Years 92 Months 11 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Moniteau Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name John Whittman
13. Birthplace Bermany
(City or town, or county) (State or foreign country)
14. Maiden name Elizabeth Baker
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Mathew G. Fischer
(b) Address California, Missouri

17. (a) burial (b) Date thereof 11-8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director G. E. Wilson

(b) Address California, Mo.

19. (a) 11-9-48 (b) H. R. Poppo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 1948
year 1948 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from Nov 5
_____ 1948, to Nov 6 _____ 1948
that I last saw h. or alive on Nov 5 _____ 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis 4 year

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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) _____

(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 _____

23. Signature J. P. Berrig Jr. M.D. (M. D. or other) _____

Address California, Mo. Date signed 4/6/50

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 29 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *A. E. Wilson*.....
Licensed Embalmer No. *2351*.....
P. O. Address..... *California, 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.