

JAN 16 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42646
Do not use this space.

1. PLACE OF DEATH

(a) County Hennip Registration District No. 352
 (b) Township Beaucreek Primary Registration District No. 5494 Registered No. 29
 (c) City Montrose (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 0 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Peter Lischer
 (a) Residence, No. Montrose Mo Rural (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Lischer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1855
 7. AGE YEARS 85 MONTHS 3 DAYS 13 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Conrad Lischer 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 0

MOTHER 15. MAIDEN NAME Johanna Ademeier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Edward Lischer (ADDRESS) Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE Dec 30 40

19. FUNERAL DIRECTOR (NAME) Lee & Welling (ADDRESS) Montrose Mo

20. FILED 12-31 1940 W. E. Baggerly Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Dec 26, 1940
 I last saw him alive on Dec 26, 1940. Death is said to have occurred on the date stated above, at 6:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Ch. myocarditis Date of onset _____
Arterio-sclerosis
Arterial hypertension
 Other contributory causes of importance:
92C

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. E. Baggerly M. D.
 (Address) Montrose Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7₃

District File Number 1-41-16

Date Filed 1-3-41

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,

on the 26th day of Dec 1940

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Frank Lee

Licensed Embalmer No.....

1099

P. O. Address.....

Appleson City, 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, above space should be left blank.