

NOV 12 1940
Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
919 Oak
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
Specify whether
In this community Non-Resident
years, months or days

8. (a) PRINT FULL NAME Walter J. Fisher

8. (b) If veteran, name war None
8. (c) Social Security No. 078-05-1120

4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 11, 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	27	4	21	hr. min.

9. Birthplace Sedalia, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Office Work

11. Industry or business McNullen Whitaker

MOTHER FATHER

12. Name Clemint S. Fisher
18. Birthplace Sedalia, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie G. Wright
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie G. Fisher
(b) Address 919 Oak

17. (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 10/4/40
(Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn, K. C. Mo.

19. (a) 10-2-40
(Date received local registrar)
(b) M. M. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 18 1940 to 10-2-40 1940
that I last saw him alive on 10-2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Enteric Colitis

Due to Tuberculosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) 205

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 1

23. Signature M. M. Brown (M. D. or other)
Address 926 N. Oak Date signed 10/2/40

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. Me
working under my personal supervision.

Signed E. N. White

Licensed Embalmer No. 2570

P. O. Address R. E. Moore

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.