

APR 15 1941  
Registration District No. 379

Primary Registration District No. 1007

Registrar's No. 887

48  
of 100

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
11 West 53rd Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 21 Yrs  
years, months or days

3. (a) PRINT FULL NAME Harry E. Fisher  
3. (b) If veteran, name war 500-14-9420 None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clarice Fisher  
6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased May 3, 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 9 29 hr. min.

9. Birthplace Kansas City, Kans.  
(City, town, or county) (State or foreign country)

10. Usual occupation Builders and Contractor

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name J. C. Fisher  
13. Birthplace England 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Margarette Ryan  
15. Birthplace Muncie, Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Clarice Fisher  
(b) Address 11 West 53rd Terrace

17. (a) Burial (b) Date thereof Mar. 4, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley Fun. Home  
(b) Address City

19. (a) 3/3/41 (b) M. H. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 5  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 11 West 53rd Terrace  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 21 Yrs. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1  
year 1941 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1938  
July 1938 to March 1, 1941  
that I last saw him alive on Feb March 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 dg

Due to myocarditis & arteriosclerosis

Due to \_\_\_\_\_ 126

Other conditions \_\_\_\_\_ 126  
(Include pregnancy within 5 months of death)

Major findings: Gallstone & enlargement of gall bladder  
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) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

23. Signature John T. Shearer (M. D. or other) MD  
Address 148 22nd St Redg. Date signed 3-3-41

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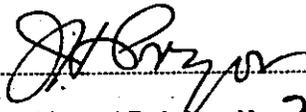
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**STATEMENT BY LICENSED EMBALMER**

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. 267

working under my personal supervision.

Signed 

Licensed Embalmer No. 2999

P. O. Address CC

**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.**