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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13403**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1284**

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

1. PLACE OF DEATH:
(a) County **Jackson,**
(b) City or town **Kansas City,**
(c) Name of hospital or institution: **5830 East 15th St. Terrace, 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.** (Specify whether years, months or days)
In this community **85 years.**

3. (a) PRINT FULL NAME **Mrs. Anna Taylor Fisher,**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed,**
6. (b) Name of husband or wife **James E. Fisher,** 6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **October 19th 1847**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 5 19 hr. min.

9. Birthplace **England,** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **at home,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **James E. Taylor,**
13. Birthplace **England,** (City, town, or county) (State or foreign country) **4**
14. Maiden name **Sarah Ashworth,**
15. Birthplace **England,** (City, town, or county) (State or foreign country) **11**

16. (a) Informant **James A. Fisher,**
(b) Address **Independence, Mo.**

17. (a) **Burial,** (b) Date thereof **4-10-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K.C., Mo.**

19. (a) **Apr 8, 1941** (b) **M. M. 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,** (If outside city or town limits, write "RURAL") **3**
(d) Street No. **5830 East 15th St. Terrace,** (If rural, give location) **4**
(e) If foreign born, how long in U. S. A.? **85 years,** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8th**
year **1941** hour **12:05** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____ Duration _____

Acute pulmonary congestion and edema
Due to **Hypertrophy of the heart**
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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) Plans of injury _____

23. Signature **[Signature]** (M. D. or other) _____
Address **15. E. Mo** Date signed _____

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 E. M. Plank

26 Licensed Embalmer No. 1845

P. O. Address 74 C 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.