No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17439

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2101

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: K. C. Municipal Tbc Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 MO, 17 days (Specify whether

In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL") 8

(d) Street No. 1731 Indiana (If rural, give location)

(e) If foreign born, how long in U. S. A.? x 0 years.

3. (a) PRINT FULL NAME Claude Fisher

3. (b) If veteran, name war S.S. 486-09-1260. Spanish-American

3. (c) Social Security No. ~~3016-68250~~

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie Fisher

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 12 (Month) - 11 (Day) - 1879 (Year)

8. AGE: Years 62 Months 5 Days 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation Elevator operator

11. Industry or business Hdw.

FATHER
12. Name Unknown
13. Birthplace " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " ? (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Fred's Station, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 5-31-41 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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

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

19. (a) May 29, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1941 hour 7 minute 15 A M.

21. I hereby certify that I attended the deceased from 12-11-41, 19..., to 5-28-41, 19...; that I last saw him alive on 5-28-41, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pul Tbc	
Due to 12 B	
Due to 13 B	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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) 0

While at work (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1415

P. O. Address T. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.