No. 2
-1-4-41
3-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941 B99

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24243

Registrar's No. 2782

48
32
2

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:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-18-41-7-22-41 (Specify whether
In this community 5 months 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 04
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1810 Brooklyn Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clifford Fisher

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 (Month) 14 (Day) 1941 (Year)

8. AGE: Years 0 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name James Ford
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Fisher
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Elizabeth Fisher
(b) Address 1810 Brooklyn

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/24/41 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 7/25/41 (Date received local registrar) (b) M. R. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 22 year 41 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 7-18- 1941 to 7-22- 1941; that I last saw h 1m alive on 7-18- 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-Pneumonia	
Due to Pertussis 9	
Due to Malnutrition 9	
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)
While at work? (e) Means of injury

23. Signature R. R. Dunnes (M. D. or other) D
Address Gen. Hosp. #2 Date signed 7-22

(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.....Isaac Jerome Winlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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

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