No. 2
4-12-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 37306

Registrar's No. 4160

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: 6225 Morningside Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
In this community over 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6225 Morningside Drive 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

048
3
8

3. (a) PRINT FULL NAME Mr. Louis W. Fisher

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Harriett Fisher

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased February (Month) 17 (Day) 1865 (Year)

8. AGE: Years 76 Months 8 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Council Bluffs (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Retired

11. Industry or business Formerly Railway Express Agency (40 Yrs.)

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

MOTHER
14. Maiden name Charlotte Weinich
15. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs. C. W. Gahl
(b) Address 241 E. 73rd St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation D. H. Newcomer's Sons

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-4-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd year 1941 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 1, 1938, to October 2, 1941; that I last saw him alive on October 20, 1941; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Arteriosclerosis 4 yrs. and Hypertension

Due to

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 Carl H. Lindquist M.D. (M. D. or other)
Address 704 So. Belt Date signed

(Licensed Embalmer's Statement on Reverse Side)

over

Trinity # 10 pa
10.30 - 11

Dr. C. N. Lindquist

This man was found dead in bed at 8 a.m. of the morning of Nov. 2nd. I should estimate he had been dead 2-3 hours. He had a previous cerebral hemorrhage in August 1939. I talked to Dr. Leitch and under the circumstances as he was under my care an autopsy was not necessary.

Carl N. Lindquist M.D.

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 C. Hervey Quisenbe

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

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

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