S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5153

Primary Registration District No. 1002

Registrar's No. 851

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 No. 2 (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-5-45-2-7-45 (Specify whether
In this community 22 yr.
years, months or days)

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")

(d) Street No.: 1407 Cherry
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: (1)

3. (a) PRINT FULL NAME: OLLIE FISHER

3. (b) If veteran, name war: None

3. (c) Social Security No. 497-14-6732

4. Sex: male 2

5. Color or race: Negro

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

6. (b) Name of husband or wife: Gwendolyn Fisher

6. (c) Age of husband or wife if alive: 24 years

7. Birth date of deceased: February (Month) 6 (Day) 1913 (Year)

8. AGE:

Years	Months	Days	If less than one day
32	0	1	hr. min.

9. Birthplace: Oklahoma City (City, town, or county) Oklahoma (State or foreign country) 1

10. Usual occupation: laborer

11. Industry or business:

FATHER
12. Name: Adam Fisher
13. Birthplace: Vernon (City, town, or county) Texas (State or foreign country) 1

MOTHER
14. Maiden name: Nenny
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Record Clk.
(b) Address: Gen. Hosp. #2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cem.

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

19. (a) 2-21-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1945 hour 8:40 minute P. M.

21. I hereby certify that I attended the deceased from February 5, 1945, to February 7, 1945, that I last saw him alive on February 7, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 108	
Of autopsy Same as above	

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? Means of injury 0

23. Signature: S. C. Stewart (M. D. or other)

Address: Gen. Hosp. #2-600 Ro. 22 Date signed 2-9-45

(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. 3994

P. O. Address 2503 Highland

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.