

FILED JAN 21 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5338

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: Research Hospital
(If not a hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Attawa 14
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 2

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Baby Fisher

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race w.

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 13 years (Day) (Year)

7. Birth date of deceased Dec 13, 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

4 hr. min.

9. Birthplace Jackson County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name Richard W. Kerson (deceased)

13. Birthplace Eldorado Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Cleoda Bell Fisher

15. Birthplace Attawa Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Cleoda Fisher

(b) Address Attawa Kansas

17. (a) Cremation (b) Date thereof 12-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Research Hosp

18. (a) Signature of funeral director Research Hosp

(b) Address H. C. Mo.

19. (a) 12-26-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 17
Year 1945 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 13, 1945, to Dec 17, 1945
that I last saw h.er alive on Dec 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus
vs. lateral cleft palate

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 157a

Of operations

Of autopsy

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? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0 (Specify type of place) Means of injury 0

23. Signature Geraldine Holmes (M. D. or other)

Address 516 Property Date signed 12-21-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1002376

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.....

P. O. Address.....

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.