

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED AUG 27 1946 STANDARD CERTIFICATE OF DEATH

27117

State File No. _____
Registrar's No. **3471**

Registration District No. **149** Primary Registration District No. **1002**

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:
3018 Bellefontaine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none** (Specify whether years, months or days)
In this community **25 years**

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")
(d) Street No. **3018 Bellefontaine** **8**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **James Vernon FISHER**
3. (b) If veteran, name war **World War I** **3. (c) Social Security** No. **486-10-5050**

4. Sex **male** **5. Color or** **white** **6. (a) Single, widowed, married,** **divorced, married**
6. (b) Name of husband or wife **Marguerite Fisher** **6. (c) Age of husband or wife if** **49**
7. Birth date of deceased **September 4, 1896**
(Month) (Day) (Year)

8. AGE: Years **49** Months **12** Days **27** If less than one day hr. min.

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

10. Usual occupation **Meat Cutter**

11. Industry or business **Duff Meat Market**

12. Name **Joseph C. Fisher**

13. Birthplace **England** /
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret J. Ragan**

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

16. (a) Informant **Mrs. Marguerite Fisher**
(b) Address **3018 Bellefontaine, K.C., Mo**

17. (a) Burial **(b) Date thereof** **8-13-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **1800 E. Linwood Blvd**

19. (a) 8-12-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11**
year **1946** hour **12:30** minute **A.** M.
21. I hereby certify that I attended the deceased from **Aug 11th**
1946 to **Aug 11th**, 19**46**
that I last saw h. i. w. alive on **Aug 11th**, 19**46**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** **1 H.**
Duration _____

Due to _____

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? _____

23. Signature **James P. Smith** **(M. D. or other)** **0**
Address **218 Professional Bldg** **Date signed** **8/17/46**

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

25958

Dr. G. D. Smith
Prof. Bldg.
Vi. 2780

SEP 9 1946

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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..... 2999
P. O. Address..... KCC

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.