

S. No. 2
OM-5-43
v. 5-17-39
I X36571

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4390

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: Trinity Lutheran Hospital D
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Missouri City
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOE Z. FANCHER

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife Lizzie Fancher 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July 26 - 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Newport Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Fred G. Fancher
(b) Address Missouri City, Mo

17. (a) Burial (b) Date thereof Oct 15 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri City, Mo

18. (a) Signature of funeral director Church - Under
(b) Address Libert Mo

19. (a) 10-19-46 (b) Gerardine Holmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1946 hour 1 minute 16 P M.
21. I hereby certify that I attended the deceased from Oct 15 1946, to Oct 18 1946
that I last saw him alive on Oct 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 3 wks
Due to Coronary Arteriosclerosis

Due to _____
Other conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy as above 938

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? _____

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature W H Under (M. D. or other) _____
Address Kansas City Mo Date signed 10/18/46

TD Prof Bq

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

32250

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..... *Edgar Archer*.....
Licensed Embalmer No. *3311*.....
P. O. Address..... *Liberty, Mo*.....

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.