

National Office of Vital Statistics  
**FILED SEP 26 1947**  
Registration District No. ....

Primary Registration District No. **1002**

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

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**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 DAYS**  
In this community **3 YRS.**  
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. **1124 PASEO**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **CHARLES FISHER**  
3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **719-12-5073**  
4. Sex **MALE** 5. Color or race **NEGRO**  
6. (a) Single, widowed, married, divorced **SINGLE**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **6** years  
7. Birth date of deceased **MAY 6, 1910**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **SEPTEMBER** day **19**, year **1947** hour **1**: minute **00** P.M.  
21. I hereby certify that I attended the deceased from **SEPTEMBER 16**, 19**47**, **SEPTEMBER 19**, 19**47**, that I last saw him **IM** alive on **SEPTEMBER 19**, 19**47**, and that death occurred on the date and hour stated above.  
Immediate cause of death **GANGRENE OF PENIS AND SCROTUM**

8. AGE: Years **37** Months **4** Days **213** If less than one day hr. min.  
9. Birthplace **HOLDEN MISSOURI**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **COMMON LABORER**  
11. Industry or business **Auto Parts Store**  
12. Name **MADISON FISHER**  
13. Birthplace **HOLDEN MISSOURI**  
(City, town, or county) (State or foreign country)  
14. Maiden name **DORA AUSTIN**  
15. Birthplace **WARRENSBURG MISSOURI**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **DORA FISHER (MOTHER)**  
(b) Address **1124 PASEO**  
17. (a) **Burial** (b) Date thereof **9/22/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Holden, Missouri**  
18. (a) Signature of funeral director **Canada + Rapp**  
(b) Address **Holden, Missouri**  
19. (a) **9-22-47** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

Due to **PERIRECTAL ABSCESS WITH POSSIBLE RUPTURE OF RECTUM**  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **123**  
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? (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) Cause of injury  
23. Signature **[Signature]** (M. D. or other) **M. D.**  
Address **GENERAL HOSPITAL NO. 2** Date signed **9/20/47**

MOTHER FATHER

PHYSICIAN  
Underline the cause of which death should be charged statistically.

SEP 26 1927

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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 M L Canady  
Licensed Embalmer No. 3434  
P. O. Address Holden, 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.