

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36532

State File No. _____

4573

FILED DEC 4 1948/49

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. _____

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 # 2 U 55 mi
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days, 3 hrs.
(Specify whether
In this community 66 years
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. 918 1/2 E. 19th St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DORA FISHER

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife Walter Fisher 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 7th 1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace CARROITON, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business LANCE LEWIS

MOTHER FATHER { 12. Name _____
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 Sister: Annie Brown
(b) Address 916 1/2 E. 19th St.

17. (a) Burial (b) Date thereof 11/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lyden Ave.

19. (a) 11-9-48 (b) S. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 3rd
year 1948 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from OCTOBER 21st to NOVEMBER 3rd 1948
that I last saw her alive on NOVEMBER 3rd 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

CEREBROVASCULAR ACCIDENT

Due to CAUSE UNKNOWN

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8:30

Major findings: Of operations _____ PHYSICIAN _____

Of autopsy _____ 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)
(e) Means of injury E. Frank Ellis
23. Signature [Signature] (M. D. or other)
Address 600 E. 22nd St. Date signed 11/4/48

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

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.....

Jerome Monahan

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.