

FILED DEC 4 1948
Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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:
1622 Kansas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Dorothy Mae Price Fisher
3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dr. E. B. Fisher 6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased January 31, 1912
(Month) (Day) (Year)

8. AGE: Years 36 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Lakenan, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name William Price
13. Birthplace Louisiana, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Clark
15. Birthplace Lakenan, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Pearson
(b) Address 1622 Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/18/48
(Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Missouri

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lyda Ave
19. (a) 11-18-48 (Date received local registrar) (b) H. Waldie Holmes (Registrar's signature)

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. 1622 Kansas Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15 year 1948 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from 10-25-48 to 11-15-48; that I last saw him alive on 11-15-48 and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 108

PHYSICIAN
Major findings: Of operations None
Of autopsy None
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) no
(b) Date of occurrence no
(c) Where did injury occur? (City or town) (County) (State) none
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no
Henry B. Lyons (Specify type of place) While at work? no Manner of injury no
23. Signature Henry B. Lyons (M. B. Fisher) Address 1605 76-18 Date signed 11-17-48

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

James Malone

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.