

FILED NOV 20 1948
Registration District No. **194849**

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, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3410 Chestnut 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 10 mo's (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City 3410 Chestnut
(If outside city or town limits, write "RURAL")
(d) Street No. 3410 Chestnut
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose E. Fisher

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

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

(b) Name of husband or wife Henry W. Fisher 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased (Month) 3 (Day) 29 (Year) 1861

8. AGE: Years 87 Months 7 Days 4 If less than one day ✓ hr. 1 min.

9. Birthplace Mapville Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jacob Brasill 9

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

14. Maiden name Abigail Unknown

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

16. (a) Informant H. W. Fisher

(b) Address 3410 Chestnut (Kansas City)

17. (a) Burial (b) Date thereof Nov 5-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grantsville Home

18. (a) Signature of funeral director: Poland Neal Stone

(b) Address 222 W. 3rd Kansas Mo

19. (a) 11-3-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1948 hour 3 P. minute _____ M.

21. I hereby certify that I attended the deceased from 11-1-48 19____ to 11-3-48 19____
that I last saw her alive on 11-3-48 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration 3da
Due to Arteriosclerotic heart decay 107p

Due to _____
Other conditions (Include pregnancy within 3 months of death) 93N

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) _____
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? 1

Geo. C. Kealhofer (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Geo. C. Kealhofer (M. D. or other) MD
Address 3447 Prospect Bldg Date signed 11-3-48

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 *Gregory B. Cammell*
Licensed Embalmer No. *4425*
P. O. Address *224 East 4th*
Cameron, 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.