

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15851  
2291  
Registrar's No.

BIRTH NO. 24290-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Shawnee</b>	
c. LENGTH OF STAY (In this place) <b>2 Days</b>		d. STREET ADDRESS (If rural, give location) <b>5414 PEERY Ferry</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>			
3. NAME OF DECEASED a. (First) <b>Baby James</b> b. (Middle) <b>Lewis</b> c. (Last) <b>Fisher</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 25 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Baby</b>	8. DATE OF BIRTH <b>May 23, 1949</b>
9. AGE (In years last birthday) <b>0</b> if UNDER 1 YEAR Months <b>0</b> Days <b>2</b> if UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas City, Mo.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>John G. Fisher</b>	
13b. MOTHER'S MAIDEN NAME <b>Betty Jean Rogers</b>		13c. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John G. Fisher</b>		ADDRESS <b>Shawnee, Kan.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Erythroblastofetalsis</b> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Erythroblastofetalsis</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>7700</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>5/23 1949</b> , to <b>5/25 1949</b> , that I last saw the deceased alive on <b>5/25 1949</b> , and that death occurred at <b>8:50 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>G. R. Maser</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Shawnee, Kan.</b>	
23c. DATE SIGNED <b>5/26/49</b>			
24a. BURIAL, CREMATION (REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>May 26 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Shawnee</b>		24d. LOCATION (City, town, or county) (State) <b>Shawnee Kansas</b>	
DATE REC'D BY LOCAL REG. <b>5-26-49</b>		REGISTRAR'S SIGNATURE <b>Steraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Auer</b>		ADDRESS <b>Shawnee, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

48  
3  
8

999  
X  
2

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*E Paul Amos*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4385

P. O. Address Shawnee, Kans

**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.