REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13478
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kan — Primary Registration District No. 1002 — Registered No. 1458
(c) City Kansas City — (d) Street No. KC Gen Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Della Fiscus 2210
(a) Residence, No. 8710 Thompson St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Fiscus
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-19-1881
7. AGE YEARS 57 MONTHS 2 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H. W.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME Edward Fields
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Rosanna Kerr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Record Clerk KC Gen Hosp KC Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Carroll Co. Mo DATE 4-7 1938
19. FUNERAL DIRECTOR (ADDRESS) Sheil Fun. Home 6606 Independence
20. FILED Apr 5 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4, 1938
22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1938, to 4-4, 1938
I last saw her alive on 4-4, 1938 Death is said to have occurred on the date stated above, at 9:00 pm
The principal cause of death and related causes of importance were as follows:
Abscess of Lung with Rupture and Fatal Hemorrhage — Date of onset 11 hr?
Other contributory causes of importance: (No history of tuberculosis)
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) P. F. De Maria, M. D.
(Address) Supt KC Gen Hosp KC Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-38-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)