

FILED MAY 15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1554

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 St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community 50 Years

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. 1224 Topping (If rural, give location)
(e) If foreign born, how long in U. S. A. --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 4 1940 to Apr 9 1940
that I last saw him alive on Apr 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death urine coma

Due to arterio sclerosis
hypertension

Due to chronic structural defect

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations none

Of autopsy see above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Mrs. Ella Fisher 262

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Jas. Ernest Fisher 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 29 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 11 hr. min.

9. Birthplace Tipperary Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

12. Name Unknown Hefferman

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

14. Maiden name Unknown

16. Birthplace Tipperary, Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant James S. Fisher

(b) Address 1224 Topping

17. (a) Burial (b) Date thereof Apr. 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director O. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Apr. 10, 1940 (b) M. M. Craive
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

10:30-03:30

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address D.C. Ma

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, above space should be left blank.