

Registration District No. **8991940**

Primary Registration District No. **1002**

Registrar's No. **2294**

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 1/2 months (Specify whether years, months or days)
In this community _____ years, months or days)

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. 646 Park (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Chestina Fiscus 200

3. (b) If veteran, name war _____ (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 16 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Stillwater Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Mrs. Albert Roberts

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. J. Bush

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Zelta Moler

(b) Address 919 1/2 St. Independence Mo

17. (a) Burial (b) Date thereof June 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hills Cem.

18. (a) Signature of funeral director Ray C. Carson

(b) Address Independence Mo

19. (a) June 4 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1940 hour 6:20 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction

Due to Arteriosclerosis of Coronary Arteries

Other conditions: Arteriosclerosis of Coronary Arteries
(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis of Coronary Arteries

Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 12-19-39

(c) Where did injury occur? Kansas City Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)

(e) Means of injury 5

23. Signature Ray C. Carson (M. D. or other)

Address Independence Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Floyd C. Carson

Registered Apprentice No. *237*

working under my personal supervision.

Signed.....

Frank W. Hill

Licensed Embalmer No. *2467*

P. O. Address.....

Plymouth, Me

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.