

RECEIVED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34084
4024
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 2 hrs (Specify whether
In this community 2 hrs years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte "999"
(c) City or town Kansas City "14"
(If outside city or town limits, write "RURAL") "0"
(d) Street No. 1043 Cleveland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27th
year 1941 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Anna to Anna 1941

that I last saw him Anna alive on Anna and that death occurred on the date and hour stated above.

Immediate cause of death: Extradural hemorrhage
fracture of skull. Duration

Due to Fall on head

Due to 1862
310

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

Major findings: Of operations

Of autopsy: See above 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) Accident
(b) Date of occurrence 10/27/41 "123"
(c) Where did injury occur? Kansas City MO (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? no (Specify type of place) (e) Means of injury 60/3

23. Signature Essential (M. D. or other) 60/3
Address Kansas Date signed 11/27/41

3. (a) PRINT FULL NAME Frank Joseph Fisher

3. (b) If veteran, name war 0 3. (c) Social Security No. 511-14-4066

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

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased: Mar 26 1922
(Month) (Day) (Year)

8. AGE: Years 19 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Student at Oakhurst Working part time at Harveys Restaurant

11. Industry or business

12. Name George L Fisher

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

14. Maiden name Ella May Stewart

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

16. (a) Informant Huliyah G Stewart

(b) Address 18 West 70 K.C. Mo.

17. (a) Burial (b) Date thereof Oct. 30-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Ch.

18. (a) Signature of funeral director Daniel Bros

(b) Address 1644 Kansas Ave K.C. Mo

19. (a) 10/29/41 (b) M. M. Crone
(Date received local registrar) (Registrar's signature)

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

200

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.....

H. Simon

Licensed Embalmer No. *3903*

P. O. Address: *KOK*

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.