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V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31571

State File No.

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 88

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Washington Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 3 Nevada. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Six days. (Specify whether

In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Mo (b) County Cass 0

(c) City or town Garden City R#2. 0 (If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME Claudia Fisher

3. (b) If veteran, name war b

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 J. M. Fisher

6. (c) Age of husband or wife if alive UCR years

7. Birth date of deceased Sept (Month) 23rd (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	11	25	hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Henderson Kyle.
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Jane Caldonia
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant State Hospital Records.

(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20 42 (Month) (Day) (Year)

(c) Place: burial ~~cremation~~ Oakland Cem.

18. (a) Signature of funeral director Atkinson Bros

(b) Address Harrisonville, Mo.

19. (a) Sept 18, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18th year 1942 5 hour 45 minute A. M.

21. I hereby certify that I attended the deceased from Sept 12th, 1942, to Sept 18th, 1942 that I last saw him alive on Sept 18th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary art. Thrombosis

Due to

Due to

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

Major findings:
Of operations

Of autopsy

94a

Duration

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)

(b) Date of occurrence

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

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

While at work? (e) Means of injury

23. Signature G. S. Waraich (M. D. ~~or other~~)

Address Nevada, Mo Date signed 9/18/42

1231

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-42-1083
Date Filed 10-6-42.

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville Mo

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.