

FILED NOV 19 1942
 Registration District No. **149**

Primary Registration District No. **1002**

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:
2606 East 28th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **15 years**
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. **2606 East 38th St**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **John M. Fischer**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **10** day **29**
 year **42** hour **11** minute **0** M.
 21. I hereby certify that I attended the deceased from _____
 to _____
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widower**
 6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **June 16, 1857**
(Month) (Day) (Year)

Immediate cause of death
Arteriosclerotic heart disease
 Due to _____
 Duration _____

8. AGE: Years **85** Months **4** Days **23** If less than one day _____ hr. _____ min.

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **Germany** (City, town, or county) _____ (State or foreign country) **4**
 10. Usual occupation **Fireman-Smelter**

Major findings:
 Of operations _____
 Of autopsy **negative history**
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business **Zinc Smelter**
 12. Name **unknown**
 13. Birthplace **Germany** (City, town, or county) _____ (State or foreign country) **4**
 14. Maiden name **unknown**
 15. Birthplace **Germany** (City, town, or county) _____ (State or foreign country) **4**

16. (a) Informant **Mrs. Martha M. Barde**
 (b) Address **2606 East 38th**

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? _____

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 4 1942**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Eternal Hills**

While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature **[Signature]** 3 (M. P. or other) _____
 Address **[Address]** Date signed **11/30/42**

18. (a) Signature of funeral director **[Signature]**
 (b) Address **3146 Main Street**
 19. (a) **11-4-42** (b) **[Signature]**
(Data received local registrar) (Registrar's signature)

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.....

Park G. Rowe

Licensed Embalmer No.....

2347

P. O. Address.....

K. C. 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.