

S. No. 2
10M-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23832

FILED

AUG 11 1943

149

Primary Registration District No. 1002

Registrar's No. 3306

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:
3311 East 11th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 Years (Specify whether 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. 3311 East 11th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Anna Mercer Fisher

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th
year 1943 hour 12 minute 10 A. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband Mr. Thomas Fisher

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

7. Birth date of deceased: September 4 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/18 1943 to 7/27 1943
that I last saw her alive on 7/18 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

64 10 24 hr. min.

Immediate cause of death: Coronary occlusion

9. Birthplace: Rock Island Illinois
(City, town, or county) (State or foreign country)

Due to gta

Due to ---

10. Usual occupation At Home

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

11. Industry or business ---

MOTHER FATHER { 12. Name John Mercer

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

14. Maiden name Lydia Libby

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

Major findings: ---

Of operations ---

Of autopsy ---

PHYSICIAN ---
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Thomas Fisher

(b) Address 3311 East 11th Street

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 July 30, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

While at work? --- (Specify type of place)

(e) Means of injury ---

18. (a) Signature of funeral director O. H. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-30-43 (Date received local registrar)

(b) P. E. Brown (Registrar's signature)

23. Signature P. E. Brown (M. D. or other)

Address 7231 - 8-11-43 Date signed 7/29/43

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

3011 A. Superintendent's Log.

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 *A. C. Newcomer Jr*
Licensed Embalmer No. *4043*
P. O. Address *J. C. No.*

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.