

FILED SEP 10 1945

STANDARD CERTIFICATE OF DEATH

State File No. **26404**
3586

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No.

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Week**
(Specify whether
In this community **1 Week**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **MRS DOROTHY FISHER**

3. (b) If veteran, name war **No** 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 **William Fisher** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Dec 31 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 **7** **26** hr. min.

9. Birthplace **Varney, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Washborn**

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

14. Maiden name **Dorothy Washborn**

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

16. (a) Informant **WILLIAM M. FISHER**

(b) Address **OSAWATOMIE - KANS**

17. (a) **Removal** (b) Date thereof **8/28/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osawatomie, Kansas**

18. (a) Signature of funeral director **Mark and Robin Co**

(b) Address **Kansas City, Mo.**

19. (a) **8-28-45** (b) **Alfredine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **27th** day **Aug**
year **1945** hour **8:20** minute **P** M.

21. I hereby certify that I attended the deceased from **1** to **1**, 19**45**,
that I last saw him alive on **1**, 19**45**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Multiple abscesses of lung**
Due to **Shock**
Due to **20 Burns**
Other conditions **18 1/2**
(Include pregnancy within 3 months of death)

Major findings: Of operations **18 1/2**
Of autopsy **See Above**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **August 20, 1945 136**
(c) Where did injury occur? **Osawatomie, Kansas**
(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? **No** (Specify type of place)
(c) Means of injury **Burns**

23. Signature **J. N. Oels** (M.-D. or other)
Address **Kansas & new** Date signed **8/28/45**

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

18
3
8

OCT 24 1945

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

Dixon L. Kessler

Licensed Embalmer No. *4228*

P. O. Address *Indeja, Md*

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.