

Registration District

Primary Registration District No. 1002

FILED MAR 18 1946
49

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 1718 Campbell!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
In this community 1 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(d) Street No. 1718 Campbell 8
(If rural, give location)
(e) Citizen of foreign country? 0
If yes, name country (Yes or No)

3. (a) PRINT FULL NAME CONNIE MAE FISHER

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race Negro 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased August 9 1936
(Month) (Day) (Year)

8. AGE: Years 9 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

MOTHER FATHER
12. Name Tee Fisher
13. Birthplace Texas (City, town, or county) (State or foreign country)
14. Maiden name Mable Simms
15. Birthplace Taylor, La. (City, town, or county) (State or foreign country)

16. (a) Informant Lee Fisher (b) Address 1718 Campbell St.

17. (a) Burial (b) Date thereof March 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery, E.C. no.

18. (a) Signature of funeral director Fannie M. Mott

(b) Address 1708 E. 18th St. N.E. Mo.

19. (a) 3-6-46 (b) Geraldine Holmes
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1946 hour 7 P. M. minute M.

21. I hereby certify that I attended the deceased from 9 December 1945 to March 3 1946
that I last saw him alive on March 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Due to Contributory Hydrocephalus and inanition.
Due to Above
Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (e) Means of injury
23. Signature George H. Craft M. D.
Address 2123 E. 45th St. Date signed 3/4/46

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

8319

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 Fannie D. Meek.....

Licensed Embalmer No. 3818.....

P. O. Address Kansas City, 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.