S. No. 300
M—10-47
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 4 1948
Registration District No. 187

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5677

16862

State File No.

Registrar's No.

57
0
0

**1. PLACE OF DEATH**

(a) County Lincoln

(b) City or town Rural - Union
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether

In this community —
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 715 West 38th St 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME Egon Emil Fisher

3. (b) If veteran, name war World War I

3. (c) Social Security No. 052-16-8113

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Margaret R. Fisher

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June (Month) 29 (Day) 1898 (Year)

8. AGE: Years 49 Months 10 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace Saaz (City, ~~town, or county~~) Cechoslovakia (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Emil Fisher
13. Birthplace Unknown (City, town, or county) — 9 (State or foreign country)

MOTHER
14. Maiden name Bertha Synek
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Henry P. Fisher
(b) Address 715 W 38th, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Kansas City MO

18. (a) Signature of funeral director N. E. Gooch
(b) Address Eolia MO

19. (a) May 3-1948 (Date received local registrar) (b) N. E. Gooch Deputy (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 3rd year 1948 hour About 5 PM minute ___ M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___;
that I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death accidental death Fractured skull

Due to (Coroners Jury Verdick)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 7 0 C 8 22

Of autopsy

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)~~ 57

(b) Date of occurrence 5/3/48

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

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

While at work? (e) Means of injury fractured skull

23. Signature Dr. V. E. Althoff (M.D. or other)

Address Lincoln Co. Coroner Date signed 5/3/48

Call. Wiener M.U. 5/3/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 3 1948

JUN 5 1948

DEC 4 1935

**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 Albert E. Kopp

Licensed Embalmer No. 2971

P. O. Address.....

**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.**