No. 300
10-48

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12392

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1650

48 3 8 0

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 6 mo. 7 DA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KANSAS CITY TUBERCULOSIS HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON 48
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 3 0 0 0
d. STREET ADDRESS (If rural, give location): 2810 GILHAM RD

3. NAME OF DECEASED (Type or Print)
a. (First): VANDER
b. (Middle): LEE
c. (Last): FISER

4. DATE OF DEATH (Month) (Day) (Year): APRIL 12 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 27, 1895
9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months ~~9~~ Days ~~15~~ Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): COVINGTON, TEXAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JIM FISER
13b. MOTHER'S MAIDEN NAME: DARA CAPPS
14. NAME OF HUSBAND OR WIFE: GLADYS FISER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD WAR #1
16. SOCIAL SECURITY NO.: 429-36-5549
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: KANSAS CITY TUBERCULOSIS HOSP.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis (far advanced)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Metastatic adenocarcinoma of supraclavicular glands. (Primary site undetermined)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

D02X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* OCT. 5, 1948, *to* APRIL 12, 1949, *that I last saw the deceased alive on* APRIL 12, 1949, *and that death occurred at* 9:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G.K. Landis G. K. Landis, M.D.
23b. ADDRESS: K.C.T.B. Hosp.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: April 14, 1949
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Crickett, Ark.

DATE REC'D BY LOCAL REG.: 4-14-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Funk and Sons 20 West Linwood

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1 1949

MAY 1 1949

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~~ .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Maude Adair

Licensed Embalmer No. 7016

P. O. Address 20 N. Linwood

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.