

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4780

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 869

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City Mo</u>		c. CITY OR TOWN <u>Kansas city Mo</u>	
c. LENGTH OF STAY (in this place) <u>6 3 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7526 Summit</u>		No. STREET ADDRESS (If rural, give location) <u>7526 Summit St.</u>	
3. NAME OF DECEASED a. (First) <u>Mrs Ella</u> b. (Middle) <u>Fisher</u> c. (Last) <u>Fisher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2-28-1863</u>
9. AGE (In years last birthday) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Berkely Co West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Edwin Jennings</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Robinson</u>	
14. NAME OF HUSBAND OR WIFE <u>L. C. Fry Sr</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ella Fisher</u> ADDRESS <u>7526 Summit</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Seriously</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Rheumatoid arthritis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>2-23</u> , 1956, to <u>2-25</u> , 1956, that I last saw the deceased alive on <u>Feb 25</u> , 1956 and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>John R. Whitman MD</u> (Degree or title)		23b. ADDRESS <u>6314 Brookside Plaza</u>	
23c. DATE SIGNED <u>2-25-56</u>		24. NAME OF CEMETERY OR CREMATORY <u>Int Moriah</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-28-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Jackson Co Missouri</u>		24d. LOCATION (City, town, or county) (State)	
25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Wornall</u> ADDRESS <u>Funeral Home</u>		DATE REC'D BY LOCAL REG. <u>2-27-56</u>	
REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Wornall Funeral Home</u>	

(Licensed Embalmer's Statement on Reverse Side)

K.C. Mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John R. Whitman

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.....
Signature of Student Embalmer

Signed *Russell N. France*.....

Licensed Embalmer No. *425*.....

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.