

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **5350**

**FILED MAR 11 1940**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **575**

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
In this community 50 years

8. (a) PRINT **260**  
FULL NAME Albert W. Fischer

8. (b) If veteran, name war None 8. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Pauline M Fischer 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. 9, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 11 27 hr. min.

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

10. Usual occupation Engineer Retired

11. Industry or business Mo. Pac. R.R. Co.

FATHER { 12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mrs. Pauline M. Fischer

(b) Address 111 S Spruce, K.C. Mo.

17. (a) Burial (b) Date thereof Feb. 8-10  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd. K.C. Mo.

19. (a) Feb. 7, 1940 (Date received local registrar) M. M. Craue (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 111 S Spruce  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th  
year 1940 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 14, 1937, to Feb 6, 1940,  
that I last saw him alive on Feb 5, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Endocarditis Duration 4 yrs  
Mitral Stenosis  
Due to Coronary Artery Disease  
Cardiac Decompensation

Due to \_\_\_\_\_  
Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)  
Pulmonary edema

Major findings: none PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_  
Of autopsy as above 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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
While at work? G. A. Roy M.D. Means of injury Motor  
23. Signature G. A. Roy M.D. (M. D. or other) M.D.  
Address 1002 Argyle Bldg Date signed 2/7/40

---

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

*H. D. Blackman*

Licensed Embalmer No.

*3639*

P. O. Address

*R. 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 this body is not embalmed, above space should be left blank.