

APR 7 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9642  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Yean Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. RC Gen Hosp Registered No. 1107  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Betty Dean Fletcher 432  
(a) Residence, No. 1333 Jefferson St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4 1925</u>		
7. AGE YEARS <u>3</u>	MONTHS <u>2</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>RC Mo</u>		
13. NAME <u>John Fletcher</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Dollie Peet</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
17. INFORMANT (ADDRESS) <u>Reverend Clerk RC Gen Hosp</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Reverend Beth. Hous 3-12-38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Quick-Plan 20 W. Duval St. Mo</u>		
20. FILED <u>Mar 11 1938</u> <u>Dr. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-11 1938, to 3-11 1938.  
I last saw her alive on 3-11 1938. Death is said to have occurred on the date stated above, at 5:05 a.m.  
The principal cause of death and related causes of importance were as follows:  
Bilateral Bronchopneumonia  
Other contributory causes of importance:  
Measles

Name of operation..... Date of.....  
What test confirmed diagnosis Autopsy there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) P. J. De Maria M. D.  
(Address) RC Gen Hosp

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**