

REC'D FEB 9 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4275
Do not use this space.

1. PLACE OF DEATH

(a) County North Registration District No. 9031112
 (b) Township Madison Primary Registration District No. 6213
 (c) City Grant City, Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 JACOB FLETCHALL

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Bona Fletcher
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/7, 1856
 7. AGE YEARS 83 MONTHS 0 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Grant City
 (STATE OR COUNTRY) Mo.

13. NAME William Fletcher

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Edith Lindtuff

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) M. J. Fletcher
Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fletcher DATE 1/22, 1939

19. FUNERAL DIRECTOR (NAME) A. C. Duffee
 (ADDRESS) Grant City, Mo.

20. FILED 2/7, 1939 Fred Mull Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1938 to Jan 20, 1939
 I last saw him alive on Jan 19, 1939 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Old age
Senility
Arteriosclerosis
 Date of onset 1930

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 of injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) John C. Duffee, M. D.
Grant City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.