

1350 MAY 18 1939

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

14749  
Do not use this space.

1. PLACE OF DEATH  
 (a) County DEKALB Registration District No. 258+  
 (b) Township Sherman Primary Registration District No. 5961-  
 (c) City or Rt. Rt. 2, Clarksdale (d) Street No. Rt. No. 2 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 0 yrs. 0 mos. 13 ds. (f) How long in U.S., if of foreign birth? 72 yrs. 0 mos. 19 ds.

2. PRINT FULL NAME Mattie Lee Fletchall  
 (a) Residence, No. 2718 Osage, St. Joseph, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Allen Fletchall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 0 19

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

FATHER  
 13. NAME Samuel Jerome  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
 15. MAIDEN NAME Martha Hausley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Frank Benton  
Rt. 2, Clarksdale, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE 4-22-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fleeman & Son Inc.  
1946 Colhoun St., St. Joseph

20. FILED April 25, 1939 MacMurray Mo.  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr-26 1939, to Apr-5- 1939  
 I last saw h.e.r. alive on Apr-5- 1939. Death is said to have occurred on the date stated above, at 11:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Unknown

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Diabetic Mellitus

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? no

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.  
None

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) T. J. Jordan, M. D.  
 (Address) St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR ENLARGING

39-1 X16605

Date Filed ~~1939~~ MAY 1 1939

District File Number 39-390

District Health Officer No. 11

RECEIVED

**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, ~~only~~.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *John E. Rupp*.....

Licensed Embalmer No. *3986*.....

P. O. Address *St. Joseph*.....

**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.