

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25042  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township 1 Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. 1301 N. 19th. 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 71 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Riley Fletchall

(a) Residence, No. 1301 N. 19th 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Fletchall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 23, 1867

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
|        | <u>71</u> | <u>9</u> | <u>27</u> |                                  |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired City Fireman.

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) 1938

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Andrew County Missouri

FATHER

13. NAME George Fletchall

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown Indiana

MOTHER

15. MAIDEN NAME Nancy Cox

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

17. INFORMANT (ADDRESS) Mrs. Joseph Graboski Chicago, Illinois.

18. BURIAL, CREMATION, OR REMOVAL (PLACE) St. Olivet Cemt. St. Joseph, Mo. DATE July 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED July 11, 1939 H. H. Westbrock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1939, to 7/10, 1939  
 I last saw im alive on 7/6, 1939. Death is said to have occurred on the date stated above, at 4:00A m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Colon  
Myocardial failure.  
 Other contributory causes of importance: Arterial Sclerosis  
 Date of onset 11/1/39  
5/1/39

Name of operation None Date of 9/6  
 What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

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

Manner of injury C  
 Nature of injury C

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify W. H. Jally M.D.  
Corby, Ill. St. Joseph, Mo.  
 (Signed) (Address)

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

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 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 *Albert R. Harrington*

Licensed Embalmer No. *3258*

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