

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

6344  
 Do not use this space.

**FILED MAR 19 1940**  
*Canton*

**1. PLACE OF DEATH**

(a) County Cochran Registration District No. 205  
 (b) Township Atchison Primary Registration District No. 4123  
 (c) City Gower, 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 1 yrs. 6 mos. 0 ds. (f) How long in U. S., if of foreign birth? 77 yrs. 11 mos. 11 ds.

**2. PRINT FULL NAME**

Augusta Cecelia Fletcher  
 (a) Residence, No. Gower, 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 Henry Fletcher  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1861  
 7. AGE YEARS 78 MONTHS 11 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewoman  
 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) Berlin (STATE OR COUNTRY) Germany

FATHER 13. NAME don't know

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME don't know

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Ivan Brown (ADDRESS) Gower, Mo.

18. BURIAL, CREMATION, OR REMOVAL Atchison, Iowa PLACE Linnwood Cemetery DATE February 15, 1940

19. FUNERAL DIRECTOR (NAME) H. A. Sullins (ADDRESS) Gower, Mo.

20. FILED Feb. 13 1940 Mrs. J. C. Starks Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 12, 1940  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 29th, 1940, to Feb 12th, 1940.  
 I last saw her alive on Feb 10th, 1940. Death is said to have occurred on the date stated above, at 2:10 P.M.  
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy  
arteriosclerosis  
 Date of onset 1-29-40  
not known

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 or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. C. Starks, M. D.  
 (Address) Gower, Mo.

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.

RECEIVED  
District Health Officer No. 11,  
District File Number 340-390  
Date Filed MAR 16 1940

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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. 5

working under my personal supervision.

Signed

*H. A. Sullins*

Licensed Embalmer No. 1738

P. O. Address

*Gower, 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.