V. S. No. 2
0M—11-10-39
Rev. 5-17-39
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FILED APR 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9982

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1416

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether)
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3932 Mercier
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mrs. Mary Fletcher 432

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: W. F. Fletcher

6. (c) Age of husband or wife if alive: 79 years

7. Birth date of deceased: July 1, 1890 (Month) (Day) (Year)

8. AGE: Years 49 | Months 8 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: (City, town, or county) (State or foreign country) Kansas

10. Usual occupation: At home

11. Industry or business:

FATHER
12. Name: L. J. Northern
13. Birthplace: (City, town, or county) (State or foreign country) Illinois

MOTHER
14. Maiden name: Nannie Lyman
15. Birthplace: (City, town, or county) (State or foreign country) Kansas

16. (a) Informant: Chas. E. Sayer
(b) Address: Mulberry, Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 1, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 104 W. 42nd St., K.C., Mo.

19. (a) Mch 31, 1940 (Date received local registrar) (b) M. M. Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1940 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from 3-20- 1940 to 3-29- 1940 that I last saw he alive on 3-29- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Peritonitis	
Appendicitis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Contributed Cancer	

Major findings: Of operations: ✓

Of autopsy: yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ✓

(a) Accident, suicide, or homicide (specify): ✓

(b) Date of occurrence: ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)

While at work: ✓ (e) Means of injury: ✓

23. Signature: J. O. Mecca (M. D. or other)

Address: J. O. Mecca Date signed: 3-30-40

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address K C 5160

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.

800 Chicago Blvd.
1 30 to 5 00 PM