

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

APR 23 1940

Registration District No. _____

Primary Registration District No. 3079

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
2627 Woodson St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME John F. Fetcher

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race bol

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Ella Fetcher

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

7. Birth date of deceased 12 1 1888
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 0

If less than one day _____ hr. _____ min.

9. Birthplace New London Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Walker Fetcher

13. Birthplace New London MO
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Fetcher

15. Birthplace New London MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Ella Fetcher

(b) Address 2627 Woodson St

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 4 5 - 40
(Month) (Day) (Year)

(c) Place: burial or cremation New London Mo

18. (a) Signature of funeral director Geo E Roberts

(b) Address Hannibal Mo

19. (a) Apr 10 '40
(Date received local registrar)

(b) St. C. Greaser
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion

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

(d) Street No. 2627 Woodson St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 2nd
year 1940 hour 11 minute 50

21. I hereby certify that I attended the deceased from March 29
1940 to April 2 1940

that I last saw 1 alive on 3-31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____ (b) Means of injury _____

23. Signature Wm A W Fox (M. D. or other) _____
Address Hannibal Mo Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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

Rev. 5-17-39

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.....

P. O. Address.....

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.