

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12743

State File No. \_\_\_\_\_

Registration District No. 875Primary Registration District No. 6162Registrar's No. 101

## 1. PLACE OF DEATH:

(a) County Vernon  
 (b) City or town Wendell Rural - Washington  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
State Hosp # 3 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 mo 9 1/2 mos  
 (Specify whether  
 In this community same, \_\_\_\_\_ years, months or days) 132

3. (a) PRINT FULL NAME James Henry Fletcher3. (b) If veteran, \_\_\_\_\_ No. none4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid6. (b) Name of husband or wife Fletcher 6. (c) Age of husband or wife if alive 2 years7. Birth date of deceased Aug 4 1881  
(Month) (Day) (Year)8. AGE: Years 58 Months 7 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Evonda Springs Ark  
(City, town, or county) (State or foreign country)10. Usual occupation Physician

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Gas H. Fletcher  
 { 13. Birthplace Bates Co Mo  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary H. Jarvis  
 { 16. Birthplace Bates Co Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Neph. Ok cords17. (a) Burial (b) Date thereof Apr 2 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St Hosp Cemetery18. (a) Signature of funeral director Funeral Home  
(b) Address Merida, Mo19. (a) 4/2/40 (b) Allen V. Day  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wass  
 (c) City or town Drexel  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 er  
year 1940 hour 6 minute 30 P.M.21. I hereby certify that I attended the deceased from 11-15  
1938, to 3/31, 1940  
that I last saw him alive on Mar 31, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Status Epilepticus 203hDue to Myocardial Degeneration 2xDue to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 420

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy no

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? 705

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. H. Jones (M. D. or other) \_\_\_\_\_  
Address State Hosp # 3 Date signed 3/31/40

RECEIVED

District Health Officer No. 7,

District File Number 4-40-603

Date Filed 4-8-40

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 personally

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

working under my personal supervision.

Signed

Lloyd R. Winick

Licensed Embalmer No. 3859

P. O. Address Yonkers, N.Y.

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.