

FILED MAR 9 1942

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **557**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Children's Mercy Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 month - 2 wks.** (Specify whether
In this community **7 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay 24**
(c) City or town **North Kansas City Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural Route No 5**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME

Edna Mae Fletcher

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 **Single**

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **3** years

7. Birth date of deceased **July 3 1934**
(Month) (Day) (Year)

8. AGE: Years **7** Months **7** Days **5** If less than one day hr. min.

9. Birthplace **Missouri City, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **adult**

11. Industry or business

12. Name **Simpson G. Fletcher**

13. Birthplace **Clay County, Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Dellie Ames**

15. Birthplace **Clay County, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Simpson Fletcher**

(b) Address **Rt. 15 North KC Mo**

17. (a) **Burial** (b) Date thereof **2-10-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty Mo**

18. (a) Signature of funeral director **Master Funeral Home**

(b) Address **North K.C. Mo**

19. (a) **2/9/42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **8**
year **1942** hour **3** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Tuesday**
Dec 22, 19**41**, to **Feb 8**, 19**42**

that I last saw him alive on **19**
and that death occurred on the date and hour stated above.

Immediate cause of death

2nd + 3rd degree burns of chest + abdomen

Due to **2nd degree burns of left leg**

Due to **1st degree burn of face**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **181-1**

Of autopsy **15**

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

(a) Accident, suicide, or homicide (specify) **Acc 024**

(b) Date of occurrence **Dec 22 1941**

(c) Where did injury occur? **North K.C. Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Clothes caught fire from motor

While at work? **Acc. Burn**
(Specify type of place) (Means of injury)

23. Signature **W.S. Loderberg** (M. D. or other)

Address **1316 Prof Bldg** Date signed **Feb 8-42**

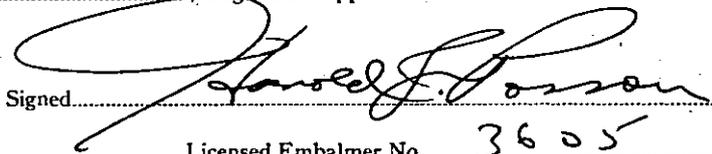
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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. 3605

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, fact should be so stated above.