

S. No. 2
M-1-4-41
v. 5-17-39
X26390

17966

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 10 1942

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 414

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
Ozark Osteopathic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 da. (Specify whether years, months or days)

In this community 8 da.

2. USUAL RESIDENCE OF DECEASED: 47

(a) State Missouri (b) County Ozark

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

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Eve Fletcher

3. (b) If veteran, name war NO

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th year 1942 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 22 1942, to May 30th 1942; that I last saw her alive on May 29th 1942; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan. 3 1907
(Month) (Day) (Year)

Immediate cause of death Tuberculous Meningitis

Due to Pulmonary Tuberculosis

8. AGE: Years 35 Months 4 Days 27 If less than one day _____ hr. _____ min.

Due to _____

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

9. Birthplace Ozark County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Bob Herd

13. Birthplace Ozark County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Moran

15. Birthplace Isabella, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Fletcher

(b) Address Isabella, Mo

17. (a) Burial (b) Date thereof 6-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Isabella,

18. (a) Signature of funeral director Clinkingbeard Funeral Ho

(b) Address Ava, Missouri

19. (a) 6-1-42 (b) E. W. Handley
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature William Handley (M. D. or other) D.O.

Address 2100 S. H. 104 - Springfield, Mo. Date signed 5-30-42

AUG 25 1949

5-22-49

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 W.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Cora 220

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.