

FILED JUN 22 1942

Registration District No. 577

Primary Registration District No. 4335

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Sanatorium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 10 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME James B. Fletcher

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased Feb 20 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George F. Fletcher

13. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. M. C. Fletcher

15. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Fletcher

(b) Address California Mo

17. (a) Burial (b) Date thereof 5/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Stephens Cemetery

18. (a) Signature of funeral director William F. Fredman

(b) Address California Mo

19. (a) 5-9-1942 (b) Mrs. G. A. Roth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 7
1942 to May 8 1942
that I last saw him alive on May 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate gland. Duration 2 yrs.
Due to 518
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Stated above
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature L. L. Latham (M. D. or other)
Address California Mo Date signed 5-9-42

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

68
1

570

(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

Hugh L. E. Williams

Licensed Embalmer No. *3537*

P. O. Address *California MO*

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.