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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36907

State File No. .....

FILED DEC 8 1942

Registration District No. 72 — Primary Registration District No. 41-30 5289 — Registrar's No. 92

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Rural Gallatin Twp. (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... In this community 2 mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Clay

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

(d) Street No.: Burnigham - Mo (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: DONALD FILBERT FLETCHER

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: M

5. Color or race: Wht

6. (a) Single, widowed, married, divorced: single

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

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

7. Birth date of deceased: Mar - 13 - 1927 (Month) (Day) (Year)

8. AGE: Years 15 | Months 7 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Lamar Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Schoolchild

11. Industry or business: .....

FATHER
12. Name: Robert Abe Fletcher
13. Birthplace: Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mamie A. Roberts
15. Birthplace: Frazier Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: R. A. Fletcher
(b) Address: Bingham - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov - 9 - 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Dearborn - Mo R3

18. (a) Signature of funeral director: Sullins Funeral Home
(b) Address: Lamar - Mo

19. (a) Nov 7 - 1942 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1942 hour 2 minute P M.

21. I hereby certify that I attended the deceased from ....., 19.. to ....., 19.. that I last saw him alive on ....., 19.. and that death occurred on the date and hour stated above.

Immediate cause of death: Unavoidable accident the boy was swinging on a grapevine & it broke & he fell breaking his neck

Due to: .....

Due to: .....

Other conditions (Include pregnancy within 3 months of death): .....

Major findings: Of operations: .....

Of autopsy: .....

Duration

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): accident unavoidable

(b) Date of occurrence: 11-7-42 - 2 p.m. 0.S.T.

(c) Where did injury occur? Rock Bingham (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home on farm (Specify type of place)

While at work? Playing (e) Means of injury .....

23. Signature: R. W. Boatright Coroner (M. D. or other)

Address: Gideon Springs Mo. Date signed 11-7-42

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-7-42

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 Oleon E. Hodges
Licensed Embalmer No. 2729
P. O. Address North Kansas City,

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.