

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 91

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Rural Little Prairie
(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 _____ (Specify whether)

In this community: 2 yrs
years, months or days

3. (a) PRINT FULL NAME: Henderson Fletcher

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

3. (c) Social Security No.: _____

4. Sex: Male

5. Color: Col.

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

6. (b) Name of husband or wife: Mrs. Fletcher

6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: 5 (Month) 11 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>33</u>	<u>6</u>	<u>26</u>	hr. min.

9. Birthplace: Callienville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business: Cotton farm

12. Name: Stevens Fletcher

13. Birthplace: Callienville Tenn
(City, town, or county) (State or foreign country)

14. Maiden name: Hadena

15. Birthplace: Callienville Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant: Hadena Fletcher

(b) Address: Carthage, Mo. R.F.D. 1

17. (a) Burial (b) Date thereof: 12-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Carthage, Mo.

18. (a) Signature of funeral director: H. J. Smith

(b) Address: Carthage, Mo.

19. (a) 12-9-42 (b) Jessie N. Markey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot

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

(d) Street No.: 4 miles northwest Carthage
(If rural, give location)

(e) If foreign born, how long in U. S. A.: 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 7
year: 1942 hour: 11 minute: A.M.

21. I hereby certify that I attended the deceased from Dec. 20, 1942, to Dec. 18, 1942, that I last saw him alive on Dec. 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis

Duration: 10 mo.

Due to: _____

Due to: 13 ft

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

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: P. J. Quinn, M.D. (M.D. or other) _____

Address: Carthage, Mo. Date signed: 12-9-42

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

17800

1-25-43

JAN 12 1943

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.....

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.