

No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28759
Registrar's No. 186

FILED AUG 20 1943

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 808 Birch St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country N

3. (a) PRINT FULL NAME Grace Belle Fletcher

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

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm. Thomas Fletcher
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased January 9 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER { 12. Name Jamie Ellis
13. Birthplace Rolla county Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Carrie Taylor
15. Birthplace Rolla county Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Thomas Fletcher

(b) Address 808 Birch, Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Frankford cemetery

18. (a) Signature of funeral director Ray O. Schwarz

(b) Address 1000 Adway, Springfield, Mo.

19. (a) 7-2-43 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1943 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 27 1943 to June 30 1943
that I last saw her alive on June 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Duration 10 days

Due to _____

Due to _____

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

Major findings: Of operations 24a PHYSICIAN _____

Of autopsy _____ 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 At. Reeves (M. D. or other) Handwritten
Address _____ Date signed July 2 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..... *Ray P. Schwartz*
..... Licensed Embalmer No..... *1765*
..... P. O. Address..... *1577 Adway, Nannihat, 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.