S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6574

FILED FEB 24 1944

Registration District No. 42 Primary Registration District No. 1008 Registrar's No. 138

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1203 Pacific St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1203 Pacific St. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sarah E. Fletcher

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased June (Month) 10, (Day) 1861 (Year)

8. AGE: Years 82 Months 7 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Buchanan County, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name William Jackson 0
13. Birthplace Buchanan County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elsie Rockhold 0
15. Birthplace Buchanan County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant George Fletcher (Son)

(b) Address 1203 Pacific St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/44 (Month) (Day) (Year)

(c) Place: burial or cremation # 6 Cemetery

18. (a) Signature of funeral director John E. Rupp

(b) Address 6054 Pryor Ave., City

19. (a) 2-5-44 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3, year 1944 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 23, 1944, to Feb 3, 1944; that I last saw her alive on Feb 3rd, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis uncertain

Due to

Due to

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

Major findings: Of operations no operation

Of autopsy none

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) no

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature S. E. Meluney (M. D. or other) M.D.

Address 401 Ballinger Bld Date signed Feb 4 44

1233

(Licensed Embalmer's Statement on Reverse Side) Saint Joseph, Mo

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 John E. Rupp

Licensed Embalmer No. 2986

P. O. Address St. Joseph, 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.