

FILED JUL 10 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 90

1. PLACE OF DEATH
(a) County Andrew
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 721 E Breckenridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 30 Year (years, months or days)

3. (a) PRINT FULL NAME THOMAS ARTHUR LETCHER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married Widowed
7. Birth date of deceased July 1 1886
(Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Calloway County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

MOTHER FATHER
11. Industry or business _____
12. Name Daniel Letcher
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Isabel Fisher

(b) Address 721 E Breckenridge Mex

17. (a) Rural (b) Date thereof 6/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico

18. (a) Signature of funeral director Philip Alford
(b) Address 10197 Western Mexico Mo

19. (a) 6/12/44 (b) Margaret Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 721 E Breckenridge
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17
year 1944 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 3-1-
_____ 1944 to 6-17- 1944

that I last saw him alive on 6-17- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis
fatal pneumonia Duration 6 mo 3 days

Due to _____
Due to _____

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

Major findings: 108
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 N. J. Ector (M. D. or no)
Address Mexico, Mo Date signed 6-20-44

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

RECEIVED

District Health Officer No. 10

District File Number 7-44-1230

Date Filed JUL 8 1944

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 *J. P. [Signature]*

Licensed Embalmer No. 4246

P.O. Address *Sedalia 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.