

S. No. 2
M-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2809**

FILED FEB 13, 1945

Registration District No. **200**

Primary Registration District No. **3041**

Registrar's No. **1**

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sanaristan Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hrs
(Specify whether
In this community life
years, months or days)

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

3. (a) PRINT FULL NAME MARGARET F. Fletcher
(b) If veteran, name war ✓
(c) Social Security No. ✓

20. DATE OF DEATH: Month 12 day 22
year 44 hour 5 minute P M.

MEDICAL CERTIFICATION

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife W. D. Fletcher
(c) Age of husband or wife if alive 81 years
7. Birth date of deceased: 12-11-1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw her alive on 12-22-44
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 0 Days 11
If less than one day hr. _____ min. _____

Immediate cause of death: Coronary artery disease
Due to arteriosclerosis
Duration 3 yrs.

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

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: AVN
Of operations: _____
Of autopsy: _____

10. Usual occupation Housewife

11. Industry or business _____
12. Name O. L. Spicer
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Matt
15. Birthplace Mo
(City, town, or county) (State or foreign country)

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) Means of injury _____

16. (a) Informant Mr. E. N. Summers
(b) Address Dallas Mo
17. (a) Burial (b) Date thereof 12-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mr. Jim Lee

23. Signature A. L. H. [unclear] or other D.D.
Address Dallas Mo Date signed 1-5-45

18. (a) Signature of funeral director N. H. [unclear]
(b) Address 113145
19. (a) 113145 (b) Mora B. Kuntler
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

103

AUG 13 1954

RECEIVED

District Health Officer No. 10

District File Number 2-45-261

Date Filed FEB 11 1945

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 A. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Brewer 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.