

FILED JUL 30 1945
Registration District No. 378

Primary Registration District No. 6285

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Norwood Rt. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 112
(c) City or town Norwood, Mo. Rt. 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME LOUIS DANIEL FLETCHER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Burton Fletcher 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept. 21, 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 12 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wilton Fletcher
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Rachel Grogan
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Burton Fletcher

(b) Address Norwood, Mo. Rt. 1

17. (a) Burial (b) Date thereof 6/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Mountain Grove, Mo.

19. (a) 7-1-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1945 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from June 1
1945, to June 3, 1945

that I last saw him alive on June 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Duration _____

Due to arteriosclerosis

Due to _____

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 [Signature] (M. D. or other) _____
Address Norwood Mo Date signed 6/4

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

RECEIVED

District Health Officer No. 67

District File Number 745-810

Date Filed JUL 25 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 *Laurence L. Hall*.....

Licensed Embalmer No. 2784.....

P. O. Address *Sumnerville*.....

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.