

STANDARD CERTIFICATE OF DEATH

State File No. 16949

Registration District No. 150

Primary Registration District No. 4239

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Leis Summit  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
109 Monroe St 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 70 yr years, months or days)

8. (a) PRINT FULL NAME

Alice Jane Fetterer

8. (b) If veteran, name war no

8. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Joe K Fetterer 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Nov 27 - 1857  
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lancaster Pa 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Nathan White  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Weaver  
15. Birthplace unknown 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Jangle 1

(b) Address Leis Summit mo

17. (a) Burial (b) Date thereof 4-29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit mo

18. (a) Signature of funeral director M B Langford

(b) Address Leis Summit mo

19. (a) 4/27/46 (b) Sasal B. Boney  
(Date received, calendar year) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson 48  
(c) City or town Leis Summit 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 109 Monroe St 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
year 1946 hour 10:25 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Jan 13 1946 to April 26 1946  
that I last saw her alive on April 26 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Arteriosclerosis 8 yrs

Due to \_\_\_\_\_

Other conditions: (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Clint A Miller MD (Physician's name) or other \_\_\_\_\_  
Address Leis Summit mo Date signed 4/26/46

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

APR 23 1967

**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 N. B. Langford

Licensed Embalmer No. 3833

P. O. Address Leis Summit

**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, above space should be left blank.