No. 2
I—2-43
5-17-39
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3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36540

State File No.

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 80

1. PLACE OF DEATH:

(a) County DENT

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

(c) Name of hospital or institution: NONE 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 years, months or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT 33

(c) City or town SALEM 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) (1)

If yes, name country

3. (a) PRINT FULL NAME JAMES A. FLETT

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife NADINE FLETT

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased JUNE (Month) 21 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	4	14	hr. min.

9. Birthplace DENT Co (City, town, or county) MO (State or foreign country)

10. Usual occupation OIL DEALER

11. Industry or business

FATHER
12. Name ED FLETT
13. Birthplace (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name MARTHA REDDICK
15. Birthplace (City, town, or county) MO (State or foreign country)

16. (a) Informant Nadine Flett
(b) Address SALEM, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation CEDAR GROVE

18. (a) Signature of funeral director Ad R. Spencer
(b) Address SALEM, MO

19. (a) 11-7-46 (Date received local registrar) (b) M. M. Hart, M. Wy Mar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 5 year 1946 hour 8:15 minute P M.

21. I hereby certify that I attended the deceased from July, 1945, to date of death, 19__; that I last saw him alive on 10-29-46, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death hypernephroma of Kidney	16 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 52A	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. D. McLeod (M. D. or other) D.O.

Address Salem, Mo. Date signed 11-6-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 144622
Date Filed 11-13-46

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.