

FILED FEB 17 1947  
REGISTRATION DISTRICT NO. 12/1947

Primary Registration District No. 4234

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Ironton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital  
(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 Iron  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1/2 mile east of Arcadia  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jennie Elvie Fletcher

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife D. Edgar Fletcher 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased March 4 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Cadott Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Richard Clark Snyder  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane White  
15. Birthplace Troy New York  
(City, town, or county) (State or foreign country)

16. (a) Informant William Fletcher  
(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 1-31-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 2-8-47 (b) Mrs. Vera Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29  
year 1947 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from 8-2-46, 19\_\_\_\_, to 1-29-47, 19\_\_\_\_;  
that I last saw her alive on 1-29-47, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Bacterial Bronchial Pneumonia  
Due to \_\_\_\_\_

Due to advanced carcinoma of intestines (inoperable)  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: colostomy  
Of operations \_\_\_\_\_  
Of autopsy 46E

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 J.P.E. Harland (M. D. or other)  
Address Ironton, Mo Date signed 2-7-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

17  
1  
0

47  
2  
3  
0

11/29/47

??

7120)  
No. 247-221  
~~2-14-47~~

AUG 8 1958

JUL 29 1957

APR 17 1957

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... *Russell White* .....  
Licensed Embalmer No. *3012* .....  
P. O. Address *Quinton, N.C.* .....

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.