S. No. 2
M—12-45
V. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9062

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 911

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1316 Summit 6
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES H. FLETCHER
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 14 (Day) 1870 (Year)
8. AGE: Years 76 Months 11 Days ~~12~~ 18 da If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation farmer
11. Industry or business
MOTHER FATHER
12. Name Andrew Fletcher
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)
14. Maiden name Connors Josephine
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Wiley Rigg
(b) Address Orrick Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Orrick Mo.
18. (a) Signature of funeral director B W Good
(b) Address Orrick Mo
19. (a) 3-2-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day March year 1947 hour 1 minute 40 P.M.
21. I hereby certify that I attended the deceased from 2-23, 1947, to 3-2, 1947
that I last saw him alive on 3-2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypertensive cardio vascular disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 0 3 0
Major findings:
Of operations
Of autopsy See above

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 0
23. Signature Wm W. Hart (M. D. or other) Md
Address Med. Dir. Gen'l Hosp. Date signed 3-3-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hull
Dr. Keeler

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 Victor E. Irminger

Licensed Embalmer No. 2896

P. O. Address Liberty 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.