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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 23 1947

Registration District No. 374

Primary Registration District No. 6274

Registrar's No. 29

1. PLACE OF DEATH:

(a) County North

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County North

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

(d) Street No. Grant City MO.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ARTHUR ALVA FLETCHALL

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1947 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from April 5  
1947 to April 5, 1947;  
that I last saw him alive on April 5, 1947;  
and that death occurred on the date and hour stated above.

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Harnett Low

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

7. Birth date of deceased July 19 1901  
(Month) (Day) (Year)

Immediate cause of death Heart with coronary sclerosis

Duration \_\_\_\_\_

8. AGE: Years 45 Months 8 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

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

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

Major findings: no

Of operations no

Of autopsy no

10. Usual occupation farmer

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

12. Name Arthur Alva Fletcher

13. Birthplace North Co. MO.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Low

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Harnett Fletcher

(b) Address Grant City, MO.

17. (a) Burial (b) Date thereof 4-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fletcher Cemetery

18. (a) Signature of funeral director Wm. C. Duffley

(b) Address Grant City, MO.

19. (a) 4-17-1947 (b) Leta E. Dawson  
(Date received local registrar) (Registrar's signature)

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)

(a) Means of injury \_\_\_\_\_

23. Signature J. H. ... (M. D. or other) \_\_\_\_\_

Address Grant City MO Date signed 4-17-47

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

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**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..... *Arch C. Sumner* .....

Licensed Embalmer No. *3252* .....

P. O. Address. *Grant City, 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.**