S. No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

44349

State File No.

Registration District No. 136

Primary Registration District No. 2009

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural Joplin 0
(If outside city or town limits, write "RURAL")

(d) Street No. Webb City, R# 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Roger Clair Fletcher

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

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

6. (b) Name of husband or wife Gladys

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

7. Birth date of deceased November 9, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	29	hr. min.

9. Birthplace Joplin, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Frisco Railroad

FATHER
12. Name Walter R. Fletcher 9
13. Birthplace --------
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mamie McClaren
15. Birthplace -------
(City, town, or county) (State or foreign country) 9

16. (a) Informant Gladys Creech Fletcher
(b) Address Webb City, Missouri, R#

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-10-47
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri

19. (a) 12-12-47 (Date received local registrar) (b) Ed. D. James M.D. (Registrar's signature) 129

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1947 hour 1 minute 50 P M.

21. I hereby certify that I attended the deceased from December 3, 1947, to December 8, 1947;
that I last saw him alive on December 8, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage.	5 days.
Due to Essential hypertension.	5-10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 83A	

PHYSICIAN

Underline the cause of 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 S. W. Scorse (M. D. ~~or other~~)
S. W. Scorse, M.D.

Address 308 Frisco Bldg, Joplin. Date signed 12/10/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-1064

JAN 26 1948

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.

S. No. 2B
5M—3-45
I X43883

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7 N

Registration District No. 156 Primary Registration District No. 2051 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME Roger C. Fletcher
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Nov. 9 1899 (Month) (Day) (Year)
8. AGE: Years 55 Months 0 Days 22 Unless than one day hr. min.
9. Birthplace (City, town, or county) No (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 12-12-47 (Date received local registrar) (b) Dolores Lamphier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day
year hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-44349