No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16319

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2052

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: 6522 PENN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6522 PENN 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country NO

3. (a) PRINT FULL NAME MRS. EDITH P. FLETCHER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife CHARLES W. FLETCHER

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

7. Birth date of deceased NOV. (Month) 16 (Day) 1883 (Year)

8. AGE: Years ~~63~~ 64 Months ~~6~~ 5 Days ~~27~~ 27 If less than one day hr. min.

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

10. Usual occupation HOME

11. Industry or business

MOTHER FATHER

12. Name DELOS T. PARKER

13. Birthplace NEW YORK (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name ZARA ELIZABETH DUPER

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

16. (a) Informant ETHYL P. PUSCH

(b) Address 6522 PENN

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 5-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation ATCHISON, KANSAS

18. (a) Signature of funeral director STINE & MCCLURE

(b) Address KANSAS CITY, MO.

19. (a) 5-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13 year 1948 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 1, 1943 to May 13, 1948 and that I last saw him alive on May 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure — Duration 4 mos
Chronic fibrous myocarditis — 10 yrs
Cal. fibrosis — Cirrhosis — Sclerosis — 10 yrs
Due to Hypertension — 7 yrs
Coronary sclerosis
Due to Coronary thrombosis — 15 yrs
Diabetes Mel.
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy NO

61

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) ~~Nature of injury~~ 0

23. Signature Don Carlos Peck (M. D. or other)

Address 1500 Pryf Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm C. Peete
Prog.
2:00 TH 5430

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K. C. 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.