

FILED SEP 13 1948

Registration District No. 374

Primary Registration District No. 6273

State File No.

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Rural-West Fletchall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether
In this community life years, months or days)

3. (a) PRINT FULL NAME James Oscar Fletchall

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Leona A Fletchall 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased November 20 1887 (Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name William A. Fletchall
13. Birthplace Grant City, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Long (State or foreign country)
15. Birthplace Grant City, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leona Fletchall
(b) Address Grant City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-25-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director Jack C. Dunfee

(b) Address Grant City, Mo.

19. (a) Sept 24 1948 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 23 1948, to Aug 23 1948, that I last saw him alive on Aug 23 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 24 hrs.
of heart

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death) ✓

Major findings: Of operations ✓

Of autopsy no 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? ✓
(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 [Signature] (M. D. or other) Aug 24 48
Address _____ Date signed _____

DISTRICT HEALTH OFFICE
Candover, Mo.

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. Dunfee

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.