

FILED SEP 20 1949

BIRTH NO. _____		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 5644		Registrar's No. 62			
1. PLACE OF DEATH a. COUNTY LAFAYETTE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE					
b. CITY (If outside corporate limits, write RURAL and give township) LEXINGTON				c. CITY (If outside corporate limits, write RURAL and give township) LEXINGTON 54					
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL				d. STREET ADDRESS (If rural, give location) RURAL 00					
3. NAME OF DECEASED (Type or Print) GRACE			a. (First)		b. (Middle) E		c. (Last) FLETCHER		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
AUG		14		1949					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 6, 1881			
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 0		IF UNDER 2 HRS. Days 18		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) MORMONTON, IOWA			
12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME WM REEVES		13b. MOTHER'S MAIDEN NAME MARY O. SCOTT		14. NAME OF HUSBAND OR WIFE JOHN S. FLETCHER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN S. FLETCHER LEX, MO					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gall stones				INTERVAL BETWEEN ONSET AND DEATH 8/20/49	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Jan 7, 1949, to Aug 14, 1949, that I last saw the deceased alive on Aug 14, 1949, and that death occurred at 7 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Dr. W. Ward Hill)				23b. ADDRESS Lexington, Mo		23c. DATE SIGNED 8/15/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 17, 1949		24c. NAME OF CEMETERY OR CREMATORY MACHPELAH		24d. LOCATION (City, town, or county) (State) LEXINGTON, MO			
DATE REC'D BY LOCAL REG. 8 Sept 1949		REGISTRAR'S SIGNATURE Wm. S. Hutchins		56		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FORREST F. TEMPEL LEX, MO			

SEP 12

Wang

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

9-17-49

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

Student Embalmer No.

working under my personal supervision.

Signed

L. M. Keane

Signed.....
Student Embalmer

Licensed Embalmer No.

2983

P. O. Address

Leungton 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.