

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12965

State File No. ....

1603

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1603</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>20 years</u>		a. STATE <u>Mo</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>		d. STREET ADDRESS <u>3314 Kogelstedt</u>		b. COUNTY <u>Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2632 Pharo ave</u>				d. STREET ADDRESS (If rural, give location) <u>3314 Kogelstedt 350</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lissie</u>		b. (Middle)		c. (Last) <u>Fletcher</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 1 1950</u>	
8. DATE OF BIRTH <u>Not Known</u>		9. AGE (In years last birthday) <u>59</u>		10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common</u>	
11. BIRTHPLACE (State or foreign country) <u>Georgia</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Frank Fletcher</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Clemmons</u>		14. NAME OF HUSBAND OR WIFE <u>Marjetta</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-05484</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Fletcher</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				ADDRESS <u>2635 Olive</u>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>Arterial Hypertension</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				21g. 334	
22. I hereby certify that I attended the deceased from <u>December 19</u> , to <u>4/1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/20</u> , 19 <u>50</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. S. Daigle</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>2122 Truman Rd</u>		23c. DATE SIGNED <u>4/13/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-6-50</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>M. Ral</u>		24d. LOCATION (City, town, or county) (State) <u>M. Ral Geo.</u>	
DATE REC'D BY LOCAL REG. <u>4-5-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>N B Moore</u>		ADDRESS <u>1820 E 18</u>	

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

**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.

Student \_\_\_\_\_

Student Embalmer

Signed

*A. B. Moore*

Licensed Embalmer No. 2410

P. O. Address: 1820 E 18 st

**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.