No. 300
10.48

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20139

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2521

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) In front of 2622 Vine St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City, Missouri
d. STREET ADDRESS (If rural, give location) 2200 Brooklyn Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Ellis
b. (Middle) Grover
c. (Last) Fletcher

4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 51

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (1)
8. DATE OF BIRTH July 16, 1907
9. AGE (In years last birthday) 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY City
11. BIRTHPLACE (State or foreign country) Fort Gibson Oklahoma
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William Fletcher
13b. MOTHER'S MAIDEN NAME Ruth Hooker
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk
17. INFORMANT'S SIGNATURE OR NAME Clifton Vann 1106 Virginia — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Shock & Hemorrhage

ANTECEDENT CAUSES
Morbid conditions if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot wound of skull
DUE TO (c) Fractured skull

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E981

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) 6 (Day) 8 (Year) 51 (Hour) 10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Gunshot wound R. C. Jackson Mo.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Thos. A. Jones M.D. (Degree or title) Thos. A. Jones M.D. Dep. Cor. Bur.
23b. ADDRESS 1612 E 12 St
23c. DATE SIGNED 6/9/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 6-13-51
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Muskogee, Okla. (State)

DATE REC'D BY LOCAL REG. 6-13-51
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Brigham + Jones 2300 — ADDRESS East 18th

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4429

P. O. Address 2307 East 11

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.