

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

36261
Do not use this space.

1. PLACE OF DEATH
 (a) County Iron Registration District No. 391
 (b) Township Arcadia Primary Registration District No. 4330
 or City Ironton (d) Street No. St. Marys Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 432 Anne Maude Fletcher
 (a) Residence, No. Arcadia Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ##

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 8 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. school girl

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arcadia Mo.

FATHER 13. NAME Edgar Fletcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arcadia Mo.

MOTHER 15. MAIDEN NAME Jennie Snyder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT Sadie Jane Fletcher
 (ADDRESS) Arcadia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arcadia Mo. DATE Oct. 21 1939
Masonic Cem.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman White & Sons
Ironton Mo.

20. FILED Oct 25 1939 R. A. Rauh 353 (Address)
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19 1939

22. I HEREBY CERTIFY, That I attended deceased from 6:00 P.M. 10-19 1939 to 7:38 P.M. 10-19 1939
 I last saw her alive on October 19 1939. Death is said to have occurred on the date stated above, at 7:38 P.M.
 The principal cause of death and related causes of importance were as follows:
Lacerations of the brain
Skull fracture
 Date of onset 10-19-39

Other contributory causes of importance:
Skull fracture

Name of operation none Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 10-19 1939
 Where did injury occur? 6 miles west of Ironton, Iron Co. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury fall
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) George Gray, M. D.
Local Registrar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Arnell J. White

Licensed Embalmer No.....

3012

P. O. Address.....

Amherst, Tex.

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, above space should be left blank.