

No. 2  
11-10-39  
-17-39  
I X21492

SEP 5 1940  
Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Marys**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **50 years** (Specify whether years, months or days)  
In this community **50 years**

8. (a) PRINT FULL NAME **William F. Fletcher** **432**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased. **June 5 1859**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **2** Days **15** If less than one day hr. min.

9. Birthplace **Bunker Hill Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Cattle Buyer**

11. Industry or business **Armour & Co.**

12. Name **S. A. Fletcher**

13. Birthplace **New Hampshire**  
(City, town, or county) (State or foreign country)

14. Maiden name **Henrietta Crane**

15. Birthplace **New Hampshire**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Cyrus E. Palmer**

(b) Address **Urbana, Illinois**

17. (a) **burial** (b) Date thereof **8-21-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Waters Funeral Home**  
(b) Address **Kansas City, Kansas**

19. (a) **Aug. 20, 1940** (b) **M. M. Craue**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

**0** Missouri (a) State (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3932 Mercier**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **17th** year **1940** hour ----- minute ----- M.

21. I hereby certify that I attended the deceased from **March 21, 1940** to **Aug 17, 1940**  
that I last saw him alive on **August 17, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Cerebral Hemorrhage**

Due to **(Apoplexy)**

Due to **Chronic Hypertension**

Other condition **Arteriosclerosis**  
(Include pregnancy within 3 months of death)  
**Coronary Arteriosclerosis**

Major findings: Of operations **none**

Of autopsy **none**

Duration

PHYSICIAN

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? ----- (City or town) (County) (State)  
(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 transport -----

23. Signature **C. Vincent** (M. D. or other) **MA**  
Address **800 Argyle Bldg** Date signed **8/19/40**

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

MOTHER FATHER

R. Vincent  
130 - 5500 P. 1171-  
Angyle Body.

3-21-40

**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 Clarence W. Childs  
Licensed Embalmer No. 3473  
P. O. Address 56. C. 760

**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.