

Registration District No. 11 Primary Registration District No. 5044 Registrar's No. 96

1. PLACE OF DEATH:
Barry
(a) County Barry
(b) City or town Washburn R 1
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... Lifetime
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Route 1
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Virgil Fletcher
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 7 1942
year 1942 hour 9 minute 0 AM.
21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov. 30th 1904
(Month) (Day) (Year)

Immediate cause of death.....
I shot the wound in heart
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
37 10 7
.....hr.min.

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Barry Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Grain And Stock

12. Name William M. Fletcher

13. Birthplace Wis. (City, town, or county) (State or foreign country)

14. Maiden name Etta Hill

15. Birthplace Wis. (City, town, or county) (State or foreign country)

16. (a) Informant Percy Fletcher

(b) Address Garfield, Ark

17. (a) Burial (b) Date thereof 10/11 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Spgs. Cem

18. (a) Signature of funeral director Ralph Miller

(b) Address Oak Ridge, Ark.

19. (a) Oct 15 - 1942 (b) J. W. Williams
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Oct 7, 1942
(c) Where did injury occur? Washburn Barry MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm

While at work? no (Specify type of place)
(e) Means of injury Gunshot
23. Signature John P. Eason (M. D. or other) M.D.
Address Rockport MO Date signed Oct 13, 1942

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

RECEIVED

District Health Officer No. 6,

District File Number 1142-1604

Date Filed NOV 12 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.