

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6522 Penn (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

CHARLES W. FLETCHER

(b) If veteran, name war No

(c) Social Security No. 495-20-1205

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith Parker Fletcher 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased December 9 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Peoria Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business

MOTHER FATHER { 12. Name James J. Fletcher
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Ella Abbot
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant John Fletcher
(b) Address 6522 Penn.

17. (a) burial (b) Date thereof 11-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation At home Kansas

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City Mo.

19. (a) 11-11-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th
year 1942 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from 11-2-42, 19, to 11-10-42, 19;
that I last saw him alive on 11-10-42, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion due to manic stage of a Manic depressive psychosis
Duration

Due to 7/40
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None
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?

(Specify type of place) While at work
23. Signature Wm. R. Thom (M. D. or other) 11-11-42
Address Med. Dir. K.C. Gen. Hospital Date signed

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

4206

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

A. R. Haunschield

Licensed Embalmer No. *4159*

P. O. Address *Kansas City Mo*

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.