

FILED DEC 3 1944

Registration District No. _____

Primary Registration District No. 5655

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 170 days
(Specify whether years, months or days)
In this community 170 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1133 North Fountain
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Virginia Pletcher

3. (b) If veteran, name war No
3. (c) Social Security No. 500-16-7772

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cecil Pletcher
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased: August 19 1923
(Month) (Day) (Year)

8. AGE: Years 21 Months 3 Days 2
If less than one day hr. _____ min. _____

9. Birthplace: Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Store Clerk
11. Industry or business Zickfield jewelry store

MOTHER FATHER
12. Name Walter Long
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Bulah Stone
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Et. McMichael, Record Clerk
(b) Address Mo. State San, Mount Vernon, Mo.

17. (a) Removal (b) Date thereof 11/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau

18. (c) Signature of funeral director Geo. B. Orr

(b) Address Mo. State San, Mount Vernon, Mo.
19. (a) 11/22/44 (b) Anders Pletcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
year 1944 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 5, 1944 to November 21, 1944.
that I last saw her alive on November 21, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Duration About 1 yr.

Due to _____

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature Charles A. Prasher (M. D. or other) M.D.

Address Mo. State San, Mount Vernon, Mo. Date signed 11-21-44

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

RECEIVED

District Health Officer No. 6,

District File Number 1144-1264

Date Filed NOV 30 1944

JAN 10 1945

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. 946

P. O. Address 724 Vernon St

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.