S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4315

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 414 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community About 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay 24
(c) City or town Excelsior Springs Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 412 Benton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JULIA MARIE FLETCHER

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

4. Sex Female
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 March 18 - 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 15 If less than one day hr. min.

9. Birthplace ? (City, town, or county) Penn (State or foreign country)
10. Usual occupation at Home
11. Industry or business —

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mrs. Jessie Sisk
(b) Address 306 North Main, Ex Spgs
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery Ex Spgs.
18. (a) Signature of funeral director Virgil Hope
(b) Address Excelsior Springs Mo.
19. (a) 2/10/47 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb. day 3rd
year 1947 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from Coroner Case, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration
Due to Coroner Case
Due to Coroner Case
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Coroner Case 94A

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) Coronary Thrombosis
(b) Date of occurrence Feb. 3rd 1947
(c) Where did injury occur? Excelsior Springs Clay Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
414 Benton St
(Specify type of place)
While at work? (e) Means of injury
23. Signature R. W. Prather Coroner (M. D. or other)
Address Excelsior Springs Mo. Date signed 2-4-47

62

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-22-47

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 James A. Moles

Licensed Embalmer No. 3296.

P. O. Address Excelsior Springs 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.