

FILED AUG 13 1947

Registration District No. 13

Primary Registration District No. 5-5-73

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Blue Springs Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 mi - west of
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

John Mack Fletcher

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec 23 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 10
If less than one day hr. min.

9. Birthplace Wyandotte Kans 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Mark Fletcher

13. Birthplace Ind 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Geranney

15. Birthplace Ind 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Francis Fletcher

(b) Address Blue Springs Mo

17. (a) Burial (b) Date thereof 8-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington - S.C.

18. (a) Signature of funeral director Mrs G B Webb
(b) Address Blue Springs Mo

19. (a) 8-5-47 (b) Donald P. Carusko
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Blue Springs - 2 mi W
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1947 hour 7:30 minute 50 P M.

21. I hereby certify that I attended the deceased from Aug 2
1947 to Aug 2 1947
that I last saw him alive on date of death 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency (chronic)
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 950

Of autopsy

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 injury

23. Signature R. N. Felt (M. D. or other)

Address Blue Springs Mo Date signed 8/2/47

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

48000

MOTHER FATHER

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..... *R Bumb*

Licensed Embalmer No. *2343*

P. O. Address..... *Blue 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.