

Registration District No. 49

Primary Registration District No. 1002

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:
Stevs Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 622 Seminary 0
(If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Florence Ethel Fletcher

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1948 hour _____ minute _____ M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Fay Fletcher

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug. 25 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 16, 1947, to Feb 25, 1948; that I last saw her alive on Feb 24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism 5 hrs

Due to Arteriosclerosis, Fibrosclerosis 12/16/48

8. AGE: Years 54 Months 6 Days 0
If less than one day hr. _____ min. _____

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

Major findings: 83 K

Of operations _____

Of autopsy _____

9. Birthplace Mattoon Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name S. A. Gragg

13. Birthplace No Record No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name Anna Fern

15. Birthplace No Record No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Fay Fletcher

(b) Address 622 Seminary

17. (a) Burial (b) Date thereof 2-28-48
(Burial, cremation, removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park 7-c. 1

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) 2-25-48 (b) Geraldine Holmes
(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) _____

(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 0

23. Signature J. C. Garrow M.D. (M. D. or other) _____

Address 242 Plaza Blvd. Okla. Date signed 2/25/48

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

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 _____

working under my personal supervision. _____
Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 4092

P. O. Address Mission, Kansas

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.