No. 300
—10-47
5-17-39
I 3906

48
3
8

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12561

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1572

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: 3711 Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 11 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3711 Benton 8
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME LOLA MAUDE FLETCHER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 14 1889
(Month) (Day) (Year)

8. AGE: Years 58 | Months 7 | Days 25 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Thomas J. Woodard
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Jane Nichols
15. Birthplace Jasper County, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Fletcher
(b) Address 3711 Benton K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Brookfield, Missouri

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 4-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 9th
year 1948 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Feb 15, 1948, to April 9, 1948;
that I last saw her alive on April 8, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Dilatation of Heart	6 hrs
Due to: Metastatic Carcinoma of Liver from Carcinoma	
Due to: of Colon removed 2 yrs. ago	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46 d
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature John M Powers (M. D. or other) MD
Address 3304 Linwood Blvd Date signed 4/9/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Powers
2932 Lockridge
Li 2409

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 Chas E Weeks

Licensed Embalmer No. 2644

P. O. Address K C 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.