S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39643

Registration District No. 73 | Primary Registration District No. 5291 | Registrar's No. 107

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Rural - Liberty
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R. #2 Liberty, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No (Specify whether years, months or days)

In this community: 1 Month

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: R.R. #2
(If rural, give location)

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

If yes, name country: None

3. (a) PRINT FULL NAME: Ray Eugene Fletcher

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: No

6. (c) Age of husband or wife if alive: No years

7. Birth date of deceased: Nov. (Month) 14 (Day) 1948 (Year)

8. AGE: Years 0 | Months 0 | Days 29 | If less than one day: — hr. — min.

9. Birthplace: R.R. #2 Liberty, Mo. (City, town, or county) U (State or foreign country)

10. Usual occupation: BABY

11. Industry or business: None

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: MARY Fletcher
15. Birthplace: HARRISON Co. Mo. (City, town, or county) U (State or foreign country)

16. (a) Informant: Mrs Simpson Fletcher
(b) Address: R.R. #2 Liberty, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty Mo.

18. (a) Signature of funeral director: Church-Archer Co
(b) Address: Liberty, Missouri

19. (a) 12-14-1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1948 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from birth, 1948, to Dec 13, 1948, that I last saw him alive on Dec 1, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature birth — Premature	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 159	

PHYSICIAN — Underline the cause of 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: Wm Goodson (M.D. or other) M.D.
Address: Liberty Mo Date signed: 12/14/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 4
District File Number
Date Filed 12-30-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ..... Registered Apprentice No. ....., working under my personal supervision.

Signed John Lombardo

Licensed Embalmer No. 4448

P. O. Address Liberty 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.