			294			マル	S Z Registrar's No	122	STAT	E FILE NU/	ABER`*
ED	F.ľ	Pisterion District No. 1	7 1961/	Primary Reg	istration Dis	trict No.	Registrar's No		<del></del>		
 	1.	1. PLACE OF DEATH  a. COUNTY pettis  b. CITY (If outside corporate limits, give TOWNSHIP only)  OR  TOWN Sedalia  Lyears					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATEMISSOURI b. COUNTY Pettis admission)				
							or Town Sedalia d. STREET (If cutside, give location) ADDRESS 639 E. 5th St.				Inside Limits Yes X No ( Reside on Far
	HOSPITAL OR 639 E. 5th St.					Yes ☑ No □					Yes No
		(Type or print)			CLA	Υ	FLETCHER	OF DEATH	April :	12, 19	
	Ma	1e	White	Wi	dowed 🚎	Divorced 🔀	10-6-1903	57	Months	Days	Hours M
		PAINTER		1)	NTINE	<del>}</del>	Centerto	wn, Miss	ouri US/	1	
	_	_	tcher		i .					OK WITE	
					16. SOCIA	AL SECURITY NO.	17. INFORMANT	e Baldwi	Address	ith Se	eifeh
DOCUMEN		Condition which ge above c. stating th	IMMEDIATE CAL	TO (b)	ent	e Cercu	Carosi	faile	ve_		SET AND E
	FICATION		disease condition g	iven in PART	I (a) .				there	a pregnan	lo 🗎 Un
	MEDICAL CERTII	PERFORMED? YES   NO IX			MICIDE	206. DESCRIBE HO	OW INJURY OCCURRED	O. (Enter nature o	f injury in PART I c	or PART II	of item 18.)
		20d. INJURY OCCURRED WHILE AT WORK		LACE OF INJ arm, factory,	URY (e.g., ir street, office		20f. CITY, TOWN, OI	LOCATION	COUN	ΤΥ	STA
		21. I arrested the deco	<b>)</b>	45	A	, 10 m on th	ne date stated above,	ritin -	of my knowledge, f	rom the ca	
VIT OF		CHES TO	Nen 88	elent	CALL OF	CEMETERY OR CO	Corre		City, town or sou	ntv)	22c. DATE SI 4-43- (State)
FFIDA	Bu	REMOVAL (Specify)		1961	Center	own,	TE RECD. BY LOCAL R	Centert		uri	(31216)
	OF DOCUMENT	Alt OF DOCUMENT  AREDICAL CERTIFICATION  AS G D E D C D C D C D C D C D C D C D C D C	1. PLACE OF DEATH  5. COUNTY Det  6. COUNTY Det  6. CITY (If outside cor OR TOWN Sedal  7. FULL NAME OF (IF MANE OF LINSTITUTION 63)  3. NAME OF DECEASED (Type or print)  5. SEX  Male  100. USUAL OCCUPATION  101. USUAL OCCUPATION  102. USUAL OCCUPATION  103. FATHER'S NAME  GEORGE C. Flee  15. WAS DECEASED EVER  (Yes app. or unknown) (If Wes above condition which go above constrained to the second of the s	1. PLACE OF DEATH  a. COUNTY pettis  b. CITY (if outside corporate limits, give Town Sedalia  c. FULL NAME OF (if NOT in hospital, give HOSPITAL OR 639 E. 5th SINSTITUTION 63	1. PLACE OF DEATH  a. COUNTY pettis  b. CITY (if outside corporate limits, give TOWNSHIP onlog TOWN Sedalia  c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 639 E. 5th St.  3. NAME OF DECEASED (Type or print)  HENRY  5. SEX  6. COLOR OR RACE White  Wing most of working life, even if retired)  PAI  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  PAI  13a. FATHER'S NAME  GEOTGE C. Fletcher  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. pg. of unknown) (if yes, give war or dates of service) White Jave rise to above cause (a), stating the underlying cause last.  IMMEDIATE CAUSE (a)  PART II. OTHER SIGNIFICANT CONDITION (disease condition given in PART in July person of the part of	1. PLACE OF DEATH  a. COUNTY pettis  b. CITY (If autside corporate limits, give TOWNSHIP only) OR Sedalia  c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 639 E. 5th St.  3. NAME OF DECEASED First Midd  HENRY CLA  5. SEX 6. COLOR OR RACE White  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  PAINTINE  13a. FATHER'S NAME GEORGE C. Fletcher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yesypa, or unknown) (If yes, give war or dates of service) Was 11  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTR  19. WAS AUTOPSY YES NO CY  19. WAS AUTOPSY YES NO CY  20c. TIME OF How invited and month, Day, Year Invited of the Company of	1. PLACE OF DEATH  a. COUNTY pettis  b. CITY (if outside corporate limits, give TOWNSHIP only) OR Schalia  c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR 639 E. 5th St.  3. NAME OF BECEASED (Type or print) HENRY  S. SEX  6. COLOR OR RACE White White White  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AINTTEE  13. FAIHER'S NAME George C. Fletcher  15. WAS DECASED EVER IN U.S. ARMED FORCES? (Yes Ag. or unknown) (U. 18. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a), by, and (c). PART 1. DEATH WAS CAUSED BY:  White gave rise to above cause (a), by a string the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS CAUSED BY:  PERFORMEDY PE	1. PLACE OF DEATH  2. COUNTY DETTIS  b. CITY (If outside corporate limits, give TOWNSHIP only)  TOWN Scdalia  c. FULL NAME OF (If NOT in hospital, give location)  HOSPITAL OR  HENRY  CLAY  TETCHER  3. NAME OF DECEASED  (Iyee or print)  HENRY  CLAY  HENRY  CLAY  FLETCHER  5. SEX  6. COLOR OR RACE  White  White  10a. USUAL OCCUPATION (Give kind of work done brings most of working life, even if retired)  PAINTIPE  13a. FATHER'S NAME  George C. Fletcher  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yespe) of unknown)  (Was, give war or dates of service)  Which gave rise to above cause per line for (a), (b), and (c).  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause per line for (a), (b), and (c).  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO (b)  PART 1. DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to decease condition given in PART 1 (a)  19. WAS AULOPSY YES ON ACCIDENT SUICIDE HOMICIDE  WHILE ALWORK ORK ORK ORK ORK ORK ORK ORK ORK ORK	1. PLACE OF DEATH  a. COUNT pettis  b. CITY (If outside corporate limits, give TOWNSHIP only) 10WN Sedalia  c. FULL NAME OF (If NOT in hospital, give location) 10WN Sedalia  c. FULL NAME OF DECEASED 10WN Sedalia  c. FULL NAME OF DECEASED 10WN SEDALIA  3. NAME OF DECEASED 10WN SEDALIA  6. COLOR OR RACE 10White 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY  10a. USUAL OCCUPATION (Give kind of work done) 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY  10a. NAME OF DECEASED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY  10b. KIND OF BUSINESS OR INDUSTRY  11b. MOTHER'S MAIDEN NAME 11c. MOTHER'S MAIDEN NAME 11c. MOTHER'S MAIDEN NAME 11c. NAME OF DECEASED EVER IN U.S. ARMED FORCES? 11c. WAS DECEASED EVER IN U.S. ARMED FORCES? 11d. WAS DECEASED EVER IN U.S. ARMED FORCES	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If in  3. STATEMISSOURI b. COUNTY Pett.  5. COUNTY Pett.  5. COUNTY Pett.  6. COUNTY Pett.  7. COUNTY Sedalia  6. CHY (If Outlide corporate limits, give location)  7. CHY (If outlide corporate limits, give location)  8. STATEMISSOURI b. COUNTY Pett.  8. CHY (SW) Sedalia  1. CHY (SW)	1. PLACE OF DEATH  B. COUNTY PETTIS  D. CITY (If dutide corporate limits, give TOWNSHIP only)  D. CITY (If course corporate limits, give TOWNSHIP only)  D. CITY (If course corporate limits, give TOWNSHIP only)  D. CITY (If course corporate limits, give TOWN Sedalia  C. FULL NAME OF (If NOT in hospital, give location)  INSTITUTION 639 E. 5th St.  3. NAME OF DECEASED  First  Middle  Lest  ADRESS  639 E. 5th St.  3. NAME OF DECEASED  First  Middle  Lest  FLETCHER  DEATH  APTI 11 2, 17  APTIFICATION  NOTIFIE  TOWN SEDALIA  C. CITY  Month  DEATH  APTIFICATION  DEATH  APTIFICATION  TOWN SEDALIA  C. CITY  MONTH  DEATH  ADRESS  639 E. 5th St.  3. NAME OF DECEASED  First  Month  DEATH  APTIFICATION  MONTH  DEATH  APTIFICATION  TOWN SEDALIA  C. CITY  ADRESS  639 E. 5th St.  3. NAME OF DECEASED  FIRST  Month  DEATH  APTIFICATION  TOWN SEDALIA  C. CITY  ADRESS  639 E. 5th St.  3. NAME OF DECEASED  FIRST  Month  DEATH  APTIFICATION  TOWN SEDALIA  TOWN SEDALIA  C. CITY  ADRESS  639 E. 5th St.  3. NAME OF DECEASED  FIRST  Month  DEATH  APTIFICATION  TOWN SEDALIA  TOWN SEDALIA  C. CITY  ADRESS  639 E. 5th St.  3. NAME OF BETT IV.  APTIFICATION  TOWN SEDALIA  TOWN SEDALIA  TOWN SEDALIA  C. CITY  ADRESS  639 E. 5th St.  3. NAME OF BETT IV.  APTIFICATION  TOWN SEDALIA  TOWN SEDALIA  TOWN SEDALIA  TOWN SEDALIA  TOWN SEDALIA  TOWN SEDALIA  C. CITY  ADRESS  639 E. 5th St.  3. NAME OF BETT IV.  APTIFICATION  TOWN SEDALIA  TOWN SE

## STATEMENT BY LICENSED EMBALMER

! hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed_ Durbeckart
.•	Licensed Embalmer No. 3470

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.