

S. No. 2  
M-2-43  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **33104**

**FILED** 1948

Oct 24 1948

Registration District No. 199

Primary Registration District No. 5-802-441

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cole Co.  
(b) City or town Centertown, Mo. Marion  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Centertown, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26  
(c) City or town Centertown, Mo. 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Centertown, Mo. 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Virgin Adelia Fletcher

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J.C. Fletcher 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 15 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 4 11 hr. min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John M. Wever

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

14. Maiden name Verona Durham

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

16. (a) Informant J.C. Fletcher

(b) Address Centertown, Mo.

17. (a) Burial (b) Date thereof Sept. 28 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Centertown Cent.

18. (a) Signature of funeral director Bowlin Funeral Home  
(b) Address California, Mo.

19. (a) Sept 28 (b) Ms. Minnie Nettumeyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26  
year 1948 hour 3/45 minute AM

21. I hereby certify that I attended the deceased from April 1946 to Sept 26 1948  
and that I last saw her alive on Sept 25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration 4 1/2 mo

Due to Diabetes Mellitus 6 years

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations VI 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 2

23. Signature B. Merrill (M.D. or other) DO  
Address Centertown, Mo. Date signed 9/26/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

70

(Licensed Embalmer's Statement on Reverse Side)

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

31932

RECEIVED  
District Health Officer No. 9,  
District File Number 10-23-46  
Date Filed

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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl R. Bowlin  
Licensed Embalmer No 2126  
P. O. Address California, Me

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.