DEC 1 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38502
Do not use this space.

1. PLACE OF DEATH
(a) County Barry — Registration District No. 30
(b) Township — Primary Registration District No. 3003 — Registered No. 51
(c) City Monett — (d) Street No. ____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry Curlee Fleming
(a) Residence, No. 418 Frisco Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willa Fleming

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1879

7. AGE: Years 59 — Months 4 — Days 3 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Yardmaster
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheldon, Illinois

FATHER
13. NAME Wm. Fleming
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mauck, Pennsylvania

MOTHER
15. MAIDEN NAME Laura Edith Curlee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tamaroa, Illinois.

17. INFORMANT Mrs. Willa Fleming,
(ADDRESS) 418 Frisco Ave., Monett, Mo.

18. BURIAL ~~XXXXXXXXXXXX~~
PLACE I.O.O.F. Cemetery DATE Nov. 25, 1938

19. FUNERAL DIRECTOR Callaway's
(ADDRESS) Monett, Mo.

20. FILED 11-25- 1938 W. M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1938, to Nov. 20, 1938
I last saw him alive on Nov. 20, 1938. Death is said to have occurred on the date stated above, at 1:00 A.m.
The principal cause of death and related causes of importance were as follows:

Endocarditis — Date of onset
131

Other contributory causes of importance:
Chronic interstitial nephritis

Name of operation None, Date of
What test confirmed diagnosis? Phys. Sign Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. L. Hazell, M. D.
(Address) Monett, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
50M-7-20-37 I X12004

RECEIVED
District Health Officer No. 6,
District File Number L-38-813
Date Filed DEC 16 1938

STATEMENT BY LICENSED EMBALMER

I, J. P. Buchanan, Licensed Embalmer No. 3179

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed J. P. Buchanan

Licensed Embalmer No. 3179

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.)