DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 26 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11308

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 293

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: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mo. & 14 days (Specify whether

In this community 21 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1317 Madison (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: HARRY FLEMING 455

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

3. (c) Social Security No. 702-07-1545

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Rose Fleming

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

7. Birth date of deceased: Sept. 22-1892 (Month) (Day) (Year)

8. AGE: Years 47 | Months 3 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace: ____ (City, town, or county) Penn. (State or foreign country)

10. Usual occupation: Railroad.

11. Industry or business: Car Repair

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

MOTHER
14. Maiden name: Unknown
15. Birthplace: " " (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: James Peck

(b) Address: 1317 Madinson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 22, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn

18. (a) Signature of funeral director: Rose & Henderson

(b) Address: 15th & Jackson

19. (a) Jan. 22, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19th year 1940 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from 11-5-39, 19__, to 1-19-40, 19__; that I last saw him alive on 1-19-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic osteomyelitis, myositis and cellulitis of left knee with left iliac thrombophlebitis

Due to: 154

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____

Of autopsy: See above

Duration

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: P. F. De Maria MD (M. D. or other)

Supt. K.C. Gen. Hospital

Address: ____ Date signed: ____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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 Glen Henderson

Licensed Embalmer No. 3657

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, above space should be left blank.