

Registration District No. _____

Primary Registration District No. 4252

Registrar's No. 10

FILED JUL 26 17 1940

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Chilhowee MO - ~~Mo~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 155

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Chilhowee
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME LAURA ANN FLEMING

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James W Fleming 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 6 - 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Chilhowee MO
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Isaac Witherspoon
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Hoden
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Jeter
(b) Address Chilhowee MO

17. (a) None (b) Date thereof 6/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carpenter cem

18. (a) Signature of funeral director Fred Williams
(b) Address Clinton MO

19. (a) 6/11/40 (b) O.T. Leach
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10
year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3- 1940, to 6-10 1940
that I last saw her alive on 5-25-40 and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy Duration 3 mo
Due to arteriosclerosis 82W 3
Due to arteriosclerosis ?

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

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(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? 862

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature R.T. [unclear] (M. D. or other) M.T.O.
Address Waverly MO Date signed 6-11-40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-15-40

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: *Fred Williamson*

Licensed Embalmer No. *2478*

P. O. Address *Clinton, Md.*

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.