

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25957

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Pettis 2
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
700 E. 17
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 36 years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 700 E. 17
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Samuel Conway Fleming 450

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

4. Sex male 5. Color or race W.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
 divorced single
 alive _____ years

7. Birth date of deceased Feb. 28 1886
 (Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 0
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Railroad Brakeman

11. Industry or business Railroad

12. Name Henry Fleming

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

14. Maiden name Edison Simpson

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

16. (a) Informant Mrs. Lillian Sammel
 (b) Address 700 E. 17 Sedalia Mo.

17. (a) Burial (b) Date thereof 6 29 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grave Hill

18. (a) Signature of funeral director Mr. Laughlin Bros.
 (b) Address Sedalia, Mo.

19. (a) 6-29-40 (b) Anna Harry Sneed
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
 year 1940 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from April 10 1939 to June 28 1940;
 that I last saw him alive on June 26 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervical glands 1 year
 Duration

Due to malnutrition in mouth 1844
about 1844

Due to _____
 Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: Malnutrition of neck glands
 Of operations: none
noisy carping
 Of autopsy: none made

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) none
 (b) Date of occurrence none

(c) Where did injury occur? none
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? none (Specify type of place) (e) Means of injury none

23. Signature Ch... (M. D. or _____)
 Address Sedalia, Mo. Date signed June 29, 1940

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-9-40

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 _____

working under my personal supervision.

Signed F. E. Baker Registered Apprentice No. _____

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.