

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Leifmon

35343

State File No.

Registrar's No.

Registration District No. 318

Primary Registration District No. 2001

861

RECEIVED NOV 12 1940

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1618 S. Jefferson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1618 South Jefferson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mattie E. Fleming

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 Divorcee

6. (b) Name of husband or wife Pres Fleming 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 26 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 6 23 hr. min.

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

10. Usual occupation Retired

11. Industry or business A

FATHER { 12. Name Markum Smith  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Eliz. Anderson  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. L. Peterson  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Oct. 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H. H. Lohmeyer  
(b) Address Springfield, Mo.

19. (a) 10-20-40 (b) W. E. Handley  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19  
year 1940 hour 5 minute p. M.

21. I hereby certify that I attended the deceased from Aug. 20  
1940 to Oct. 19 1940  
that I last saw her alive on Oct. 19 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 1 wk

Due to 10/19/40

Other conditions Arteriosclerosis 2  
(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:  
(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?

9:45 While at work? (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature W. E. Handley (M. D. or other) MD  
Address Springfield, Mo. Date signed 10/21/40

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

X