

STANDARD CERTIFICATE OF DEATH

State File No. **35701**
Registrar's No. **127**

Registration District No. **470** Primary Registration District No. **5433**

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium **3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 102 days
In this community 102 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sherman Fleetwood
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 27th 1920
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>5</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Douglas County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Dave Fleetwood
13. Birthplace Douglas County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Hitchcock
15. Birthplace Douglas County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof 10-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation AVA, MO.

18. (a) Signature of funeral director Chippingwood Funeral Home
(b) Address AVA, MO.

19. (a) 10-7-1940 (b) P. A. HOLMES
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas
(c) City or town Squires
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th
year 1940 hour 8:25 minute A M.

21. I hereby certify that I attended the deceased from June 25th
1940 to October 5th, 1940,
that I last saw him alive on October 5th, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration About one year

Due to _____
Due to Tb lung infection
Other conditions 778
(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?
421 (Specify type of place)
While at work? _____ (e) Means of Injury _____
23. Signature James H. ... (M. D. or other) ...
Address ... Date signed 7-5-40

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

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.