

Dr. W. 3252.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 226 S. Pine St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME GENA EASTER FLEMING

8. (b) If veteran, name war _____

8. (c) Social Security No. None

4. Sex F

5. Color or race W.

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Frank Fleming

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

7. Birth date of deceased April 16 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 27 If less than one day _____ yr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Stone

13. Birthplace UK Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cook

15. Birthplace UK Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joel Dever

(b) Address Brookfield

17. (a) Burial (b) Date thereof Jan 16 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Hillburial Chapel

18. (a) Signature of funeral director Brookfield Mo

(b) Address Brookfield Mo

19. (a) 1-15-41 (b) John Lucas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

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

(d) Street No. 226 S Pine
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1941 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 13 AM, 1941 to Jan 13 AM, 1941; that I last saw her alive on Jan 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 1 day

Due to Tuberculosis (?)

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury 2

28. Signature J. W. Alexander (M. D. or other) D. O.

Address Brookfield Mo Date signed Jan 16 '41

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.

MISSOURI STATE BOARD OF HEALTH - 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.....

J. H. Blacklock
working under my personal supervision.

....., Registered Apprentice No.....

Signed *J. H. Blacklock*
.....

Licensed Embalmer No. *2246*
.....

P. O. Address *Brookfield*
.....

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.