

Registration District No. 318 Primary Registration District No. 2001

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: St. Johns Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Texas  
(c) City or town Summersville  
(d) Street No. Rural  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Fleming  
3. (b) If veteran, name war Unknown  
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 14th  
year 1941 hour 10 minute \_\_\_\_\_ A.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lema Fleming  
6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased Unknown 1877

21. I hereby certify that I attended the deceased from Jan. 22, 1941 to Feb. 14, 1941;  
that I last saw him alive on Feb. 13, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years Approx. 64 Months Don't know Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Acute Glomerulo-Nephritis Duration 7 mo.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Unknown Missouri  
10. Usual occupation Farmer  
11. Industry or business On farm

Other conditions Pneumonia Lobar 8 da.  
(Include pregnancy within 3 months of death)

MOTHER FATHER {  
12. Name John Fleming  
13. Birthplace Unknown Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown

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

16. (a) Informant Mrs. Lema Fleming  
(b) Address Summersville, Missouri  
17. (a) Burial (b) Date thereof 2/16/41  
(c) Place: burial or cremation Summersville, Missouri

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director John Duncan  
(b) Address Mountain View, Missouri  
19. (a) 2-16-41 (b) W. E. Handley  
(Data received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature F. B. Kemp (M. D. or other) Phys  
Address Springfield Date signed 2-18-41

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

39  
2  
6

**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 *Wayne Stinble*

Licensed Embalmer No. *3444*

P. O. Address *Springfield, Mo*  
*+*

**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, fact should be so stated above.**