

FILED MAY 8 1942  
Registration District No. 874

Primary Registration District No. 5924

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

1. PLACE OF DEATH:  
(a) County Platte  
(b) City or town Platte City, Mo. Rural-  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home 1 CARROLL ST  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  (Specify whether  
In this community Lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Platte 8.4  
(c) City or town Rural - Platte City 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 1/2 mi. So. Platte City 0  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Fred H. Fleshman  
3. (b) If veteran, name war   
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 15  
year 1942 hour 7 minute 5.08 P.M.  
21. I hereby certify that I attended the deceased from April 15 1942 to April 15 1942  
that I last saw him alive on April 15 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Accidental Duration  
Tractor falling on chest crushing ribs and rupturing heart

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Unmarried  
6. (b) Name of husband or wife Julia Ann Sealey 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased August 24, 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 8 24 7 hr. 50 min.

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

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name William H. Fleshman

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

14. Maiden name Mary S. Fleshman

15. Birthplace Topeka, Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Sealey Fleshman

(b) Address Platte City, Mo.

17. (a) Burial (b) Date thereof 4-17-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City, Mo.

18. (a) Signature of funeral director Rollin Mitchel (Ben Cant)

(b) Address Platte City, Mo.

19. (a) April 17-42 (b) Thos Clay Hiffie  
(Date received local registrar) (Registrar's signature)

Other conditions None 195a-6  
(Include pregnancy within 3 months of death)  
Major findings: None 3  
Of operations None  
Of autopsy Body viewed

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence April 15 1942  
(c) Where did injury occur? On farm 1/2 mi. S. Platte City, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On farm 1/2 mi. S. Platte City, Mo.  
(Specify type of place)  
While at work? yes (e) Means of injury Tractor  
23. Signature T. H. T. Moore (M. D. or other) 3  
Address Dearborn Mo Date signed 4/16/42

PHYSICIAN  
Underline the cause to which death should be charged statistically.

1309

**RECEIVED**

District Health Officer No. Platte  
District File Number 5-42-42  
Date Filed 5-7-42

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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 B. Benjamin Coast  
Licensed Embalmer No. 4059  
P. O. Address Platte City, 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.**