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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. .....

FILED FEB 11 1943

Registration District No. 994 Primary Registration District No. 6010 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Rural Sugar Creek (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #2 Moberly Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days) In this community 71 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2 Moberly (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years. 0

3. (a) PRINT FULL NAME MELISSA ANN FLEMING
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married or divorced Widowed
6. (b) Name of husband or wife Robert Fleming
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) - 20 (Day) - 1854 (Year)

8. AGE: Years 88 Months 5 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Monroe Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife (Retired)
11. Industry or business
MOTHER FATHER
12. Name Ruben S. Settles
13. Birthplace Unknown (City, town, or country) (State or foreign country)
14. Maiden name Elizabeth Long
15. Birthplace Unknown (City, town, or country) (State or foreign country)
16. (a) Informant Edgar Fleming
(b) Address R.F.D. #2 Moberly Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan - 3 - 43 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery
18. (a) Signature of funeral director Sexon Funeral Home
(b) Address Moberly Mo.
19. (a) Jan. 3-42 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st year 1943 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 22 1942 to Jan 11 1943 that I last saw her alive on Dec 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

H. E. Lindley, M.D.

Major findings of operations 0
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature ..... (M. D. or other)
Address ..... Date signed

1036

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 2-43-203
Date Filed FEB 10 1943

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3200

Registration District No. 294 Primary Registration District No. 6010 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Melissa Ann Fleming
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July (Month) 20 (Day) (Year)

8. AGE: Years 88 Months 5 Days If less than one day hr. min.

9. Birthplace: (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 20
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 , 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death: Pneumonia Lobar
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY