

D. APR 15 1943
Registration District No. 146

Primary Registration District No. 5568

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Blue Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Courtney Road 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME SAMUEL J. FLEETWOOD

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Fleetwood (c) Age of husband or wife if alive 76 years
7. Birth date of deceased DEC. 20 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation Truck Gardner

11. Industry or business

12. Name William Fleetwood
13. Birthplace Sherridan Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Louise Ashby
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James Fleetwood

(b) Address R #1 - Independence, Mo.

17. (a) Burial (b) Date thereof 3/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Grove

18. (a) Signature of funeral director Earl C. Larson

(b) Address Independence Mo.

19. (a) 3-7-1943 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural Route One
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1943 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from March 3, 1943, to March 4, 1943
that I last saw him alive on March 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day

Due to arteriosclerosis usual

Due to

Other conditions (Include pregnancy within 3 months of death) g/a

Major findings: Of operations

Of autopsy

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) (e) Means of injury ✓

23. Signature J. H. Hesterian (M. D. or other) Address Independence Mo. Date signed March

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: *Lloyd C. Carson*
Licensed Embalmer No. *4199*
P. O. Address *Independence, 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.