

FILED MAY 10 1943

Registration District No. 109

Primary Registration District No. 5424

Registrar's No. 16

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

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Campbell Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home 1 Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 50yr. years, months or days)

3. (a) PRINT FULL NAME Wm B. Fleming
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Leah Fleming 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased Oct 1 - 1862
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 13 hr. min.

9. Birthplace North Carolina
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name H. G. Fleming

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

14. Maiden name Polize Hall

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

16. (a) Informant Roy Fleming

(b) Address Campbell Mo.

17. (a) Burial (b) Date thereof April-16-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Four Mile Cemetery

18. (a) Signature of funeral director Landon F. Home

(b) Address Campbell Mo.

19. (a) 4-17-43 (b) Mrs. L. P. Oliver
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 16 1943 to April 12 1943 that I last saw him alive on Apr. 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease Duration 1 year

Due to Asthma 35 yrs

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 9:26

Major findings:
 Of operations _____
 Of autopsy _____
 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 _____
 23. Signature W. J. Kurlidge (M. D. or other) MD
 Address Campbell, Mo Date signed 4/17/43

RECEIVED

District Health Office No. 2,

District File Number 543-637

Filed 5-7-43

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.