. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 49967

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5478

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 704 WEST- 44TH STREET (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: 25 YEARS

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: MISSOURI (b) County: JACKSON?
(c) City or town: KANSAS CITY ? (If outside city or town limits, write "RURAL")
(d) Street No.: 704 WEST- 44TH STREET (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: MR. WILLIAM SAMUEL FLEMING
3. (b) If veteran, name war: NO
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: MRS. SABRINA JANE FLEMING
6. (c) Age of husband or wife if alive: 84 years
7. Birth date of deceased: DECEMBER (Month) 17 (Day) 1860 (Year)
8. AGE: Years 83 Months 0 Days 4 If less than one day ____ hr. ____ min.
9. Birthplace: FRANKLIN COUNTY (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation: CONTRACTOR
11. Industry or business: RETIRED - 10 YEARS
FATHER 12. Name: WILLIAM B. FLEMING
FATHER 13. Birthplace: FRANKLIN COUNTY (City, town, or county) ILLINOIS (State or foreign country)
MOTHER 14. Maiden name: UNKNOWN
MOTHER 15. Birthplace: (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant: MRS. SABRINA JANE FLEMING
(b) Address: 704 WEST 44TH STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC-23-1943 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: ANTIOCH CEMETERY - JOHNSON & KANS.
18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 12-23-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 21ST year 1943 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 16, 1943 to Dec 20, 1943 and that death occurred on the date and hour stated above. I last saw him alive on Dec 20, 1943

Immediate cause of death	Duration
Cerebral Haemorrhage	4 Days
Due to Hypertension	
Due to 82yr	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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: Jay Haynes (M.D. ~~or other~~)
Address: 901 Westport Rd. Date signed: 12/21/43

(Licensed Embalmer's Statement on Reverse Side)

901 Westport Road

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.