

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35583

State File No. \_\_\_\_\_

FILED OCT 19 1944

Registration District No. 3/2

Primary Registration District No. 4043

Registrar's No. 17

**1. PLACE OF DEATH**

(a) County Webster

(b) City or town Seymour  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Webster

(c) City or town Seymour  
(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 \_\_\_\_\_

**3. (a) PRINT FULL NAME** Laura Alice Fleetwood

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Aug, day 28  
year 1944 hour 6 minute 30 p.M.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced, maired

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive 44.0 years

7. Birth date of deceased Jan 10 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20 1944 to Aug 26 1944  
that I last saw him alive on Aug 26 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 2 yrs

**8. AGE:** Years 44 Months 7 Days 18  
If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

**MOTHER FATHER** { 12. Name W. M. Tracy

13. Birthplace Greene Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mahala Adams

15. Birthplace Webster Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline Cantrell

(b) Address Seymour, Mo.

17. (a) Burial (b) Date thereof Aug 30 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour Masonic Club

18. (a) Signature of funeral director Kelley - Full

(b) Address Seymour, Mo.

19. (a) Sept 13 (b) Gilbert Jones  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 136

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)

(a) Means of injury a

23. Signature D. J. Hill (M. D. or other) SO

Address Seymour, Mo. Date signed 8/28/44

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

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

2000

RECEIVED

District Health Officer No. 6;

District File Number 1044-1072

Date Filed OCT 16 1944

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 *H. H. Kelley*

Licensed Embalmer No. *3334*

P. O. Address *Raymond me*

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.