

FILED JAN 18 1945

Registration District No. ....

Primary Registration District No. 3040

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 59  
(c) City or town Linn 0  
(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 James Berton 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 Widowed

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

7. Birth date of deceased Aug. 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 19 If less than one day hr. .... min.

9. Birthplace Enterprise Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Ret

11. Industry or business

12. Name J. T. Fleming

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

14. Maiden name Katharine Lawton

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

16. (a) Informant G. B. Fleming  
(b) Address Chillicothe Mo.

17. (a) Funeral (b) Date thereof Dec 26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Funeral

18. (a) Signature of funeral director Thomas  
(b) Address Linn Mo  
19. (a) Dec 26 (b) Lou Elva Corry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 25  
year 1944 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 25, 1944 to Dec 25, 1944; that I last saw him alive on Dec 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3da

Due to .....  
Due to .....

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

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:

(c) 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 M. H. Russell M.D. (M. D. or other)  
Address Chillicothe Mo Date signed 12/26/44

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

MOTHER FATHER

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 David A. Taylor  
Licensed Embalmer No. 3761  
P. O. Address Linneus, 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.