

FILED MAR 8 1945

Registration District No. 8425

Primary Registration District No. 1000

Registrar's No. 168

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Mo. Meth. Hospital  
(If not in hospital or institution, write street number or location)

(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 Platte

(c) City or town Canaan Point Mo  
(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 Baby Girl Fleming

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 13,  
year 1945 hour 10 minute 8 M.

21. I hereby certify that I attended the deceased from 2-13-45  
1945 to 2-13, 1945

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased: Feb 13 1945  
(Month) (Day) (Year)

that I last saw her alive on 2-13-45, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration: \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
Prematurity hr. 5 min.

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

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

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

9. Birthplace Mo. Hosp St Joseph Mo  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation None

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

MOTHER FATHER { 12. Name Maria Elbert Fleming

13. Birthplace Colo. Mo Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Therese Louise Slechts

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

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? \_\_\_\_\_

16. (a) Informant Elbert Fleming

(b) Address Canaan Point Mo

17. (a) Burial (b) Date thereof 2/14/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canaan Point Mo

(Specify type of place)  
While at work? \_\_\_\_\_ (r) Means of injury \_\_\_\_\_

23. Signature L. S. Durham (M. D. or other) \_\_\_\_\_  
Address Dearborn Mo Date signed 2/13/45

18. (a) Signature of funeral director Deaton Sons

(b) Address \_\_\_\_\_

19. (a) 2-14-45 (b) Deaton Sons  
(Date received local registrar) (Registrar's signature)

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

