

S. No. 2
M-2-43
5-17-39
-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33472

FILED OCT 22 1945

State File No. _____

Registration District No. 62

Primary Registration District No. 4108

Registrar's No. 30

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Stockton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mo. (b) County Cedar
(c) City or town Stockton Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Elizabeth Fleeman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 3
year 1945 hour 9 minute 45 P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Joshua Fleeman 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased February 5, 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3.16. 1942 to 9.3. 1945
that I last saw her alive on 9.3. 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 6 Days 28 If less than one day _____ hr. _____ min.
9. Birthplace Dunnigan Mo.
(City, town, or county) (State or foreign country)

Immediate cause of death Carcinoma of stomach Duration _____

10. Usual occupation Housewife
11. Industry or business _____
12. Name Riley Holbert
13. Birthplace Dunnigan Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Rosemary Albina
15. Birthplace Cedar Mo.
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations WOK
Of autopsy _____

16. (a) Informant Riley H. Holbert
(b) Address Stockton Mo.
17. (a) Burial (b) Date thereof 9/5/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery Church & Hall
18. (a) Signature of funeral director Stockton Mo.
(b) Address _____
19. (a) Sept 27 1945 (b) Geneva Harrison
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Wm B Richter (M. D. or other) M.D.
Address Stockton Mo. Date signed 9.5.45

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

1522

(Licensed Embalmer's Statement on Reverse Side)

R
Dist. No. 7,
Dist. License Number 4-45-1014
Date Filed 10-19-45

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 *Melvin Church*
Licensed Embalmer No. *3272*
P. O. Address *Stockton, 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.