

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6307

FILED FEB 19 1946

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

Registration District No. 383

Primary Registration District No. 5685

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Missouri State Sanatorium 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 78 days  
(Specify whether years, months or days)

In this community 78 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Lexington 3  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location) 2

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) /

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Della Martha Flemming

(b) If veteran, name war no

(c) Social Security No. 496-24-6851

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2d  
year 1946 hour 6:00 minute A.M.

4. Sex female 3 5. Color or race colored

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

6. (b) Name of husband or wife Alexander Fleming

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased: April 9th 1925  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 17th 1945 to Jan. 2d 1946  
that I last saw her alive on Jan. 2d 1946  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>20</u>	<u>8</u>	<u>24</u>	_____ hr. _____ min.

Immediate cause of death Pulmonary Tuberculosis. Over 1 yr.

Duration \_\_\_\_\_

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

10. Usual occupation Housewife

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

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

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

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

12. Name Joseph Lee Taylor

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

14. Maiden name Flossie Turner

15. Birthplace Hodge Missouri  
(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.

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San, Mt. Vernon, Mo.

17. (a) Burial (b) Date thereof 1-3-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hodge Mo

18. (a) Signature of funeral director [Signature]

(b) Address Lexington Mo

19. (a) 1-12-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury

23. Signature [Signature] (M.D. or other) [Signature]

Address Mount Vernon, Mo. Date signed 1-2-46

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

MOTHER FATHER

139

RECEIVED  
District Health Officer No. 6;  
District File Number 146-105  
Date Filed FEB 12 1946

FEB 13 1946

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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

*George A. Green*

Licensed Embalmer No. 4220

P. O. Address Lexington, Md.

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: