

1-2-43
5-17-39
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FILED MAY 9 1946

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stunly
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1710 E 8th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stunly 40
(c) City or town Trenton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1710 East 8th St 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eddie A Fleisher

3. (b) If veteran, name war _____ 3. (c) Social Security No. 946

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lois Marie Fleisher 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased November 13 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 6 9 hr. min.

9. Birthplace Franklin County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Railroader

11. Industry or business Railroad

12. Name William F. Fleisher

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

14. Maiden name Mary A. Boylston

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

16. (a) Informant Mrs. E. A. Fleisher
(b) Address Trenton Mo.

17. (a) burial (b) Date thereof April 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Magnolia Spickard, Mo.

18. (a) Signature of funeral director James A. Bann
(b) Address Trenton Mo.
19. (a) 4-25-46 (b) Gene Jan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1946 hour 11 minute 45 a.m.

21. I hereby certify that I attended the deceased from Jan, 1946, to April 22, 1946;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Insufficiency
Due to Diabetes of long standing
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 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) (e) Means of injury _____

23. Signature G. H. Quillers (M. D. or other) _____
Address Trenton Mo. Date signed 4-24-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DISTRICT HEALTH OFFICE
Cameron, Mo.
MAY 10 1946

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.....

myself
.....
working under my personal supervision.

..... Registered Apprentice No.

Signed *Robert B. Davis*.....

Licensed Embalmer No. *4219*.....

P. O. Address *Trenton, 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.