

No. 2
-5-43
-17-39
X36677

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3811 WAYNE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **33 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON 48**
(c) City or town **KANSAS CITY 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **3811 WAYNE AVENUE 8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME **MRS. MAUDE FLEMING**
3. (b) If veteran, name war: **No**
3. (c) Social Security No. **1101VE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **APRIL** day **20th** year **1946** hour **1** minute **50A M.**
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **MR. LYNNARD FLEMING**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **OCT - 26 - 1876**
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death **Deputy Coroner**
Coronary Sclerosis
Duration _____

8. AGE: Years **69** Months **05** Days **24** If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace **OTOE, NEBRASKA**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **940**

10. Usual occupation **AT HOME**

Major findings: Of operations _____
Of autopsy **See Above**

MOTHER FATHER
11. Industry or business
12. Name **JOHN A. REED**
13. Birthplace **WYOMINGVILLE OHIO**
(City, town, or county) (State or foreign country)
14. Maiden name **MARY ABILES YOS**
(City, town, or county) (State or foreign country)
15. Birthplace **WHEELING OHIO**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **MRS. ANGIE JOHNSTON**
(b) Address **SPEED, KANSAS**
17. (a) **REMOVAL** (b) Date thereof **APR 20 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **HAYS KANSAS**

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? _____

18. (a) Signature of funeral director **D. Newcomer's Sons**
(b) Address **1401 BRUSH CREEK BLVD.**
19. (a) **4-20-46** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature **A. E. Walker** (M. D.)
Address **7000 Main** Date signed **4/20/46**

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 *Oliver Horkney*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.