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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17101**

**FILED JUN 14 1946**

Registration District No. **107**

Primary Registration District No. **4258**

Registrar's No. **74**

1. PLACE OF DEATH:

(a) County **Knox**  
(b) City or town **Edina**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Gibson Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **56 yrs.**  
years, months or days

3. (a) PRINT FULL NAME **Mary Fleak**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Thomas Odell Fleak** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **May - 7 - 1870**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **0** Days **19** If less than one day  
hr. min.

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

10. Usual occupation **Homekeeper**

11. Industry or business.....

12. Name **John H. Flanagan**

13. Birthplace **uk Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Francis West**

15. Birthplace **Belleville Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Chas T Fleak**  
(b) Address **Edina, Missouri**

17. (a) **burial.** (b) Date thereof **May-28-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Linville, Edina, Mo.**

18. (a) Signature of funeral director **Rich Hudson**  
**Edina, Missouri.**

(b) Address.....  
19. (a) **May 28-46** (b) **Neil S. Numart**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knox**  
(c) City or town **Edina, rural.**  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26**  
year **1946** hour **1** minute **35** P.M.

21. I hereby certify that I attended the deceased from **May 3**, 1946, to **May 26**, 1946,  
that I last saw him alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Liver** Duration.....

Due to.....  
Due to.....

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

Major findings: Of operations.....  
Of autopsy.....

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 **C. C. Siders** (M. D. or other) **7**  
Address **Edina, Mo.** Date signed **5/28-46**

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 10

District File Number *6-46-122*

Date Filed *JUN 13 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Keith Hudson*

Licensed Embalmer No. *2415*

P. O. Address *Edina, Minn*

**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.**