

FILED JAN 2 1947

State File No. _____

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 431

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number and location) 12 hours
(d) Length of stay: In hospital or institution 20 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Willie Fleming

3. (b) If veteran, name war _____ 3. (c) Social Security No. 706-09-9016

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 29, 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 10 15 hr. min.

9. Birthplace Grace, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Harrison Fleming

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

14. Maiden name Julia Johnson

15. Birthplace Grace, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Fleming

(b) Address R. 2, Box 58, Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof Dec. 23, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 12-23-1946 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2, Box 58
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1946 hour 3 minute 45 P. M.

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

Immediate cause of death Hemorrhage
Guns shot wound through left side & left kidney

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

Major findings: 166
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) Homicide
(b) Date of occurrence Dec. 14, 1946
(c) Where did injury occur? Cape Girardeau, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
East side of American Legion hall
While at work? No (Specify type of place) (e) Means of injury 4.5 caliber
Remington-Union
23. Signature Dr. J. F. Leonard Cooper
Address Jackson, Mo. Date signed 12/14/46

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

38655

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District File Number 1246-30
Date Filed 12-30-40

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 Frank Sparks
Licensed Embalmer No. 3455
P. O. Address Deft. Suislaw m

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.