

No. 2
12-45
-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4827**
Registrar's No. **744**

FILED MAR 3 1947
Registration District No. **1997**

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 HRS.** (Specify whether
In this community **10 HRS.** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **INFANT FLEMING**

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

4. Sex **MALE** 2 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **FEBRUARY 14, 1947**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **10 hr. 47 min.**

9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **Inf.**

11. Industry or business _____

12. Name **Bessie Fleming** 13. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **BESSIE FLEMING** 15. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **BERTHA FLEMING (GRAND-MOTHER)**
(b) Address **2450 WOODLAND**

17. (a) **Burial** (b) Date thereof **2-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Linden Cemetery**
18. (a) Signature of funeral director **Walter Appeltz Jones**
(b) Address **1115 E. 11th St.**

19. (a) **2-18-47** (b) **Stearline Holme**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **2540 WOODLAND**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBRUARY** day **15**,
year **1947** hour **5** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **FEBRUARY 14, 1947** to **FEBRUARY 15, 1947**
that I last saw him alive on **FEBRUARY 15, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **ASPHYXIA**
due to prematurity

Due to _____
Due to _____

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

Major findings: Of operations **159**

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 **[Signature]** (M. D. or other) **M.D.**
Address **GENERAL HOSPITAL NO. 2** Date signed **2/15/47**

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

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.....

C. J. West

Licensed Embalmer No. *2710*

P. O. Address.....

K. C. M. O.

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.