

No. 2
12-45
17-39
X47070

FILED MAR 3 1947
Registration District No. 749

Primary Registration District No. 1002

State File No. 745
Registrar's No.

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. 1 DAY (Specify whether
In this community 22 YRS. (Specify whether
years, months or days)

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

3. (a) PRINT FULL NAME BESSIE FLEMING

3. (b) If veteran, name war. *no* 3. (c) Social Security No. 490-30-4005

4. Sex FEMALE 3 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 JULY 12, 1924
(Month) (Day) (Year)

8. AGE: Years 22 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation *maid*

11. Industry or business

12. Name LINCOLN FLEMING

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

14. Maiden name BERTHA EDWARDS

15. Birthplace Memphis TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant BERTHA FLEMING (MOTHER)

(b) Address 2540 WOODLAND

17. (a) *Burial* (b) Date thereof 2-19-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Lincoln Cemetery*

18. (a) Signature of funeral director *Wm. A. Applegate*

(b) Address *St. Louis*

19. (a) 2-18-47 *Geraldine Holman*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 15, year 1947 hour 7: minute 58 A.M.

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

Immediate cause of death ECLAMPSIA Duration

Due to PREGNANCY COMPLICATIONS

Due to *9 months death after delivery*

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations *7480*

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. *0*

23. Signature: *Frank E. Giam* (M. D. or other) M. D.

Address GENERAL HOSPITAL NO. 2 Date signed 2/17/49

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

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.....

Licensed Embalmer No. 7910

P. O. Address R. 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.