

S. No. 2  
 DM-2-43  
 v. 5-17-39  
 PI X3597

41664

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED DEC 26 1947

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 5205

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:  
GENERAL HOSPITAL NO. 2 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 40 DAYS  
(Specify whether years, months or days)  
 In this community 50 YRS.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County JACKSON 48  
 (c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2438 MICHIGAN  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SARAH FLEMMING  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month DECEMBER day 6,  
 year 1947 hour 11: minute 00 A. M.

4. Sex FEMALE 3 5. Color or race NEGRO  
 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife Anderson Fleming  
 6. (c) Age of husband or wife if alive dead years  
 7. Birth date of deceased APRIL 10, 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from OCTOBER 27, 1947 to DECEMBER 6, 1947  
 that I last saw h. ER alive on DECEMBER 6, 1947  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
76 7 26  
 hr. min.

Immediate cause of death UREMIA  
 Duration \_\_\_\_\_

9. Birthplace NEW MADRID TENNESSEE /  
(City, town, or county) (State or foreign country)

Due to ARTERIO-NEPHROSCLEROSIS

10. Usual occupation AT HOME

Due to GENERALIZED ARTERIOSCLEROSIS

11. Industry or business \_\_\_\_\_

Other conditions ARTERIOSCLEROTIC TYPE HEART DISEASE WITH DECOMPENSATION  
(Include pregnancy within 3 months of death)

12. Name SAM FIGGINS

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

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

Of autopsy 1312  
 Underline the cause to which death should be charged statistically.

14. Maiden name BESS unknown

15. Birthplace UNKNOWN 4  
(City, town, or county) (State or foreign country)

16. (a) Informant LOLA JOHNSON (COUSIN)

(b) Address 2438 MICHIGAN

17. (a) burial (b) Date thereof 12-11-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation woodlawn, K.C. Kans.

18. (a) Signature of funeral director Mrs. J. W. Jones

(b) Address 440 state ave, K.C. Kans.

19. (a) 12-11-47 (b) Shalline Holmes  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place)

While at \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 12/8/47

---

---

**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

*Eugene English*

Licensed Embalmer No. *1686*

P. O. Address

*440 State Ave.  
R. 2, N. H.*

**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.**