. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7883

FILED APR 5 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 367

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

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days (Specify whether

In this community 40 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No.: 1119½ S. 10th Street (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Carl Harry Fleming

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Rose Veva Fleming

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: October (Month) 7 (Day) 1889 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	58	5	15	hr. min.

9. Birthplace: Marion (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Switchman

11. Industry or business: Rock Island R. R.

FATHER

12. Name: George H. Fleming

13. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER

14. Maiden name: Sallie Carl

15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Mrs. Rose Veva Fleming

(b) Address: 1119½ S.10th St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 25, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Walter Neuhoffer

(b) Address: 1946 Colhoun St., St. Joseph, Mo.

19. (a) 3-26-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd year 1948 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 10, 1948 to March 22, 1948 that I last saw him alive on March 22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Duodenal ulcer	several years
Pneumonia bilateral	
Due to: post operative	3-18-48
Due to: Atelectasis & pneumonia right lower lobe	3-18-48
Other conditions (Include pregnancy within 3 months of death): Spread thoracic back lungs at time of death	8 day post op.
Major findings: Of operations: Subtotal gastrectomy 3-10-48	
Of autopsy:	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: S. P. Senor (M. D. or other) MD

Address: St Joseph Mo Date signed: 3-24-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond W. Merchant

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Mo.

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.