

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 26 1948
Registration District No. 179

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26288**
3160
Registrar's No. _____

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. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 20 years
years, months or days)

3: (a) PRINT FULL NAME Charles Fleener
3. (b) If veteran, name war No **3. (c) Social Security No.** 703-03-0134
4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced, widower?** Widower
6. (b) Name of husband or wife unknown **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased June 10 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Clarinda Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
12. Name No record 9
13. Birthplace No Record (City, town, or county) (State or foreign country) 9
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country) 9

16. (a) Informant Raymond Fleener
(b) Address 4205 Roanoke Road

17. (c) Removal (Burial, cremation, or removal) (b) Date thereof 8/2/48
(Month) (Day) (Year)

(c) Place: burial or cremation Downs Kansas

18. (a) Signature of funeral director Dwight H. Tobin
(b) Address 20 West Linwood

19. (a) 8-3-48 (Date received local registrar) (b) Seraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 41
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4205 Roanoke Rd. 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 27 1948 to Aug. 1 1948;
that I last saw him alive on Aug. 1 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 94a

PHYSICIAN
Major findings: Of operations _____
Of autopsy See above
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 _____
23. Signature Wm W. Hart (M. D. or other) 0
Address Med. Dir. Gen'l Hosp. Date signed 8-2-48

Dr. Anderson

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.