

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30613

FILED SEP 22 1948

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 73

1. PLACE OF DEATH

(a) County Phelps.
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McFarland Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Wife. (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps.
(c) City or town Vida - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lenox H. Fleming

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced M.

(b) Name of husband or wife BERTHA FLEMING

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

7. Birth date of deceased

JAN 26 1881
(Month) (Day) (Year)

8. AGE:

Years 67 Months 10 Days _____ If less than one day
hr. _____ min. _____

9. Birthplace

Phelps Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

FARMING

11. Industry or business

MOTHER FATHER

12. Name PETER FLEMING

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

14. Maiden name MALINDA HARDE

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

16. (a) Informant Mrs Bertha Fleming

(b) Address Vida Mo

17. (a) Burial (b) Date thereof 9-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. Zion Cem.

18. (a) Signature of funeral director MULLISON F.H.

(b) Address Rolla Mo

19. (a) 9-14-48 (b) Nadine L. Stoebe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1948 hour 4 minute 55 P.

21. I hereby certify that I attended the deceased from July 5, 1948 to Sept 6, 1948
that I last saw him alive on Sept. 6, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gib
Of autopsy _____
PHYSICIAN _____

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 William McP... (M. D. or other) 9-13-48
Address Rolla, Mo Date signed 9-13-48

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

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed 9/21/48

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 S. L. [Signature]
Licensed Embalmer No. 3397
P. O. Address Rolla 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.