

FILED JUN 11 1945

State File No. _____

Registration District No. 11

Primary Registration District No. 5045

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural Wheaton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Clifford Flecker

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 14 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

14 5 10 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name James Vernon Flecker

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

{ 14. Maiden name Fishie Lemon

{ 15. Birthplace Noel, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James V. Flecker

(b) Address Purdy, Mo. R#

17. (a) Burial (b) Date thereof 3/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muncie Chapel

18. (c) Signature of funeral director Wm. Mansueti

(b) Address Wheaton, Mo.

19. (a) May 29-1945 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1945 hour 7 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cyclone
Fractured Neck and Crushed Chest

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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) Accident

(b) Date of occurrence March 24 1945

(c) Where did injury occur? County-Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Home On Farm

While at work? Milk (Specify type of place) (e) Means of injury 2

23. Signature Monett Mo. (M.D. or other) _____
Address _____ Date signed 3-25-45

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

500

MOTHER FATHER

187-6
19

1077

RECEIVED
District Health Officer No. 6,
District File Number 645-688
Date Filed JUN 8 1945

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 Wm. Morris Payne
Licensed Embalmer No. 34721
P. O. Address Wheaton 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.