

REC'D MAY 29 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14972  
Do not use this space.

1. PLACE OF DEATH *Joseph*  
 (a) County *Madison* Registration District No. *411*  
 (b) Township *Adona* Primary Registration District No. *2769* Registered No. *Man*  
 (c) City *Joseph* (d) Street No. *2 Mc J. Dr*  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Frank Flemming*  
 (a) Residence, No. *R. R. 1* St.  (If nonresident, give city or town and State) *U.S.S.*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Wife*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sep 19 1883*  
 7. AGE YEARS *55* MONTHS *7* DAYS *13* If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Miner*  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Caldwell Co Mo*  
 FATHER 13. NAME *James Flemming*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*  
 MOTHER 15. MAIDEN NAME *Mary Chapman*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*  
 17. INFORMANT (ADDRESS) *Family Joplin Mo*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Peace* DATE *4-27-38*  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Frank H. H. Joplin Mo*  
 20. FILED *43738* *Ed D. James* Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 25 1938*  
 I HEREBY CERTIFY, that I attended deceased from *April 1, 1938, to April 25, 1938.*  
 I last saw him alive on *April 18, 1938.* Death is said to have occurred on the date stated above, at *U.S.S.*  
 The principal cause of death and related causes of importance were as follows:  
*Uremia*  
 Other contributory causes of importance:  
*Tuberculous osteomyelitis*  
*Otitis with perforated eardrum*  
*(Which discharged three times)*  
 Name of operation *none* Date of *270*  
 What test confirmed diagnosis? *Genl. Physical* Was there an autopsy? *No*  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?  Date of injury *1938*  
 Where did injury occur? *U.S.S.* (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury *U.S.S.*  
 Nature of injury *U.S.S.*  
 Was disease or injury in any way related to occupation of deceased? *No*  
 Do, specify *U.S.S.*  
 (Signed) *W. B. Chapman*, M. D.  
 (Address) *Joplin, Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Chapman

**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,

*Steve Parker*

Licensed Embalmer No.

251481

P. O. Address

*Joplin 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, above space should be left blank.