WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X14028

REC'D MAY 22 1939

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

16026
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois
(b) Township St. Francois
(c) City ~~Farmington~~
Registration District No. 773
Primary Registration District No. 6018A
Registered No. 56
(d) Street No. ..... St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David Miller Fleming
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 21, 1861
7. AGE: YEARS 78 | MONTHS 1 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Stone Cutter
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): Union Co Tenn.

FATHER
13. NAME: Martin Fleming
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Jack Bell, Farmington Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Knob Lick DATE 4-7 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): C. Z. Boyer
20. FILED April 7, 1939 B. J. Robinson, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-5-, 1939
22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to April 5, 1939
I last saw him alive on 4-4, 1939. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
mitral & aortic regury — Date of onset: unk
Other contributory causes of importance:
arteriosclerosis
hypertension
hemiplegia
Name of operation: none Date of .....
What test confirmed diagnosis? Clinical 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 ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: none
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Harold O Goebe, M. D.
(Address) Desloge Mo

(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 C. Z. Boyer

Licensed Embalmer No. 1671

P. O. Address Desloge 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.