

OCT 18 1939

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

31420
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 100 Registered No. 3518
(c) City Kansas City (d) Street No. 820 West 35th Street 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Francis Fleming
(a) Residence, No. 820 West 35th Street 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Elizabeth Fleming

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Rockford, Ill. 1

13. NAME Thomas F. Fleming

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

15. MAIDEN NAME Mary Barron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

17. INFORMANT (ADDRESS) Mrs. Elizabeth Fleming 820 West 35th

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 9/11/39 19.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) QUIRK & TOBIN CO. Kansas City, Mo.

20. FILED Sept 8 39 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7-1939

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1935 to present, 1939
I last saw him alive on Aug 4-1939 Death is said to have occurred on the date stated above, at 9:15 PM
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Hypertension

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Vincent Williams, M. D.
(Address) 736 Maple Blk

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.

1 X18605

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 *Maurice Muir*.....

Licensed Embalmer No. *2226*.....

P. O. Address *KC 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.