

14756

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

MAY 2 1940

Registration District No.

255

Primary Registration District No.

4155

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County DAVIESS  
 (b) City or town WINSTON MO  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
X  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether

In this community Two Year  
years, months or days)3. (a) PRINT FULL NAME GEORGE WASHINGTON FLEMING3. (b) If veteran, name war X 3. (c) Social Security No. 1554. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife LURNA FLEMING 6. (c) Age of 72 wife if alive \_\_\_\_\_ years7. Birth date of deceased FEB 15 - 1863  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
77 2 13 hr. min.9. Birthplace Sant Rosa MO  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Unknown13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)16. Informant's own signature Lurona Fleming(b) Address WINSTON MO17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 30 - 40  
(Month) (Day) (Year)(c) Place: burial or cremation WEATHBEY MO18. (a) Signature of funeral director Kate Stramp(b) Address Winston MO19. (a) April 29 (b) F. K. Wilson  
(Received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Davies  
 (c) City or town Winston MO  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. X (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? X years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1940 hour 5 PM minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Dec 1939 to April 28 1940.  
that I last saw him alive on April 26 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary thrombosis  
Duration Several  
years.Due to Hypertension chronic

Due to \_\_\_\_\_

Other conditions \$2.00  
(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) \_\_\_\_\_  
 (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 Fred W. Wilson (M. D. certifies)  
Address Winston MO Date signed April 29 1940

(Licensed Embalmer's Statement on Reverse Side)

Nov. 6-17-39  
I 11811

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

**RECEIVED**

District Health Officer No. 11;

District File Number 540-783

Date Filed MAY-17-1940

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**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.....

*Virgil O. Shoup*

Registered Apprentice No. 4074

working under my personal supervision.

Signed *Virgil O. Shoup*

Licensed Embalmer No. 4074

P. O. Address Winston

**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.