

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2518

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

1. PLACE OF DEATH Jackson

(a) County Kansas City

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 504 Gladstone
(If not in hospital or institution, write street number or location)

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

In this community 50 Yrs.
years, months or days

3. (a) PRINT FULL NAME Mrs. Orva A. Fleming 1455

8. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Nov. 17th. 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Mackey A

13. Birthplace Ireland I
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Allen Fleming

(b) Address 504 Gladstone

17. (a) Removal (b) Date thereof 6/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Okla.

18. (a) Signature of funeral director M. M. Browne

(b) Address 2318 Linwood Blvd.

19. (a) June 20, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limit, write "RURAL")

(d) Street No. 504 Gladstone
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th. 1940
year _____ hour 2:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 19, 1940 to June 20, 1940
that I last saw her alive on June 19, 1940
and that death occurred on the date and hour stated above

Immediate cause of death Myocardial Infarction

Due to Secondary Anemia

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) _____

23. Signature M. M. Browne (M. D. or other) _____

Address 508. 8th St. Date signed 6/20/40

Duration 2 1/2

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

*Rev. B. Blaine
Burial Place*

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 *R. E. Snow*.....

Licensed Embalmer No. *2560*.....

P. O. Address.....

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.