

JAN 20 1941

Registration District No. 472

Primary Registration District No. 5636

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town State City, Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 10 years
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town State City Rural
(d) Street No. West of State City
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Pete Fleissing

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1940 hour Three minute 54 A.M.
21. I hereby certify that I attended the deceased from Dec. 20
_____ 1940 to Dec. 21 1940;
that I last saw h.l.m. alive on Dec. 21 1940;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha E. Fleissing 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Sept 15 1892
(Month) (Day) (Year)

Immediate cause of death Anoxemia
Duration _____

8. AGE: Years 48 Months 3 Days 6 If less than one day _____ hr. _____ min.

Due to Hypostatic pneumonia
Due to Terminal cardiac asthma

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

Other conditions Anemia, malnutrition, cachexia
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

cardiac decompensation

11. Industry or business _____

Major findings: _____

12. Name Pete Fleissing

Of operations _____

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

Of autopsy _____

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Martha E. Fleissing

(a) Accident, suicide, or homicide (specify) _____

(b) Address State City, Mo.

(b) Date of occurrence _____

17. (a) _____ (b) Date thereof Dec 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation Moore Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Wm Russell Jr.

423 While at work? _____ (Specify type of place) (e) Means of injury _____

(b) Address Perice City, Mo.

23. Signature R. J. Meacham (M. D. or other) 20

19. (a) 12-21-1940 (b) Thos. H. Powell
(Date received local registrar) (Registrar's signature)

Address La Russell, Mo. Date signed 12/21/40

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

RECEIVED

District Health Officer No. 6,

District File Number 141-90

Date Filed JAN 11 1941

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958

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 me

working under my personal supervision. _____, Registered Apprentice No. _____

Signed Wm. Brown Jr.

Licensed Embalmer No. 1512

P. O. Address Pine City, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 43055

Registration District No. 472

Primary Registration District No. 5636

Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Sumner Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Pete Fleming

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1946 hour..... minute..... M.

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

Immediate cause of death Anoxemia Duration

Due to Hypostatic ^{lobar} Pneumonia

Due to Terminal Cardiac asthma

Other conditions anemia Malnutrition
(include pregnancy within 3 months of death)

Major findings: Cachexia Cardiac Decompensation

Of operations..... None

Of autopsy None 106

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?.....

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature R. J. Mehan (M. D. or other) R. D.

Address La Russell Mo Date signed 2/20/47

SUPPLEMENTAL

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

S-43055