No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17451

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2113

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

1. PLACE OF DEATH:

(a) County Jackson.

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

(c) Name of hospital or institution: General Hospital U
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ABOUT 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 48

(c) City or town K.C. 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2908 Highland 8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Fleschman Louis

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex Male U

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July (Month) 10 (Day) 1875 (Year)

8. AGE: Years 65 Months 10 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) 6 Russia (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name ISRAEL FLESCHMAN
13. Birthplace ..... (City, town, or county) 6 RUSSIA (State or foreign country)

MOTHER
14. Maiden name PEARL
15. Birthplace ..... (City, town, or county) 6 RUSSIA (State or foreign country)

16. (a) Informant BERTHA FLESCHMAN
(b) Address 2908 HIGHLAND K.C. MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation MT CARMEL

18. (a) Signature of funeral director J. P. LOUIS FUNERAL HOME
(b) Address 3400 WOODLAND K.C. MO

19. (a) May 30, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1941 hour 7 minute 10 pm. M.

21. I hereby certify that I attended the deceased from Jan. 7, 1941, to May 29, 1941; that I last saw him alive on May 29, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death melanosarcoma right leg	
Due to cardio respiratory failure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 55¢	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Drury R. Thorn (M. D. or other)
Address KCMO Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

Louis

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

Signed Bert Legan

Licensed Embalmer No. 3979

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.