

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32738
Registrar's No.

Registration District No. 1077

Primary Registration District No. 6083

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Sumners-Ville Mo
(c) Name of hospital or institution: No
(d) Length of stay: In hospital or institution No
In this community 64 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shannon
(c) City or town Summerville Mo.
(d) Street No. Rural
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Allen P. Flemmings
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 16 day Sept, year 1941 hour 6 minute 30 a M.

4. Sex M Color or race W
(b) Name of husband or wife Alice Flemmings
(c) Age of husband or wife if alive years

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

8. AGE: Years 64 Months 9 Days 3

Immediate cause of death
Due to

9. Birthplace Shannon Co Mo
10. Usual occupation Farmer

Due to
Other conditions

11. Industry or business
12. Name John Fleming
13. Birthplace Tenn
14. Maiden name Nancy Powell
15. Birthplace Mo

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Homer C. Flemming
(b) Address Summerville Mo.
17. (a) Burial (b) Date thereof Sept 18 41
(c) Place: burial or cremation Piclett Cemetary

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

18. (a) Signature of funeral director J. F. Duncan
(b) Address Mountain View Mo
19. (a) 9-23-41 (b) Frank Hyde MD
(Date received local registrar) (Registrar's signature)

23. Signature Dr. J. M. [Signature] (for other)
Address Summerville Mo

174 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 10412022

Date Filed _____

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 _____

Joe V. Duncan
working under my personal supervision.

Registered Apprentice No. 301

Signed John F. Duncan

Licensed Embalmer No. 2516

P. O. Address Mountain View

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, fact should be so stated above.