

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bickel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 43 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINTED FULL NAME Martha Elizabeth Fleming

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

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

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

7. Birth date of deceased Sept 8th, 1875 (Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name unknown

13. Birthplace (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 Mrs Gladys Kelley

(b) Address Kansas City, MO.

17. (a) Burial (b) Date thereof 10-18-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director River Funeral Home (b) Address Lamar, MO

19. (a) Oct-17-41 (b) Morphine Myndall (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16th year 1941 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11 PM 1941 to Oct. 16 - 3 AM 1941 that I last saw him alive on Oct. 16 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration

Due to

Due to

Other conditions Abdominal Neoplasm (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) Means of injury

Signature: Thos F. Miller (M. D. or other)

Address Lamar Mo. Date signed 10-16-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1141-1679

Date Filed NOV 7 1941

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. C. Pinner*.....

Licensed Embalmer No. 3141.....

P. O. Address Lamar, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34231

Registration District No. 40

Primary Registration District No. 4024

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(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 _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Mattha E. Fleming

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1941 hour _____ minute _____ M.

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

Immediate cause of death _____

4. Sex M

5. Color or race W

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

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: Sept 8, 1872
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 15
(If less than one day min.)

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER

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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Oct 17 - 1941 (b) Mrs Josephine Mynatt
(Date received local registrar) (Registrar's signature)

Duration _____

Due to _____

Due to _____

Other conditions _____
(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

Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

Lamar 778.

