. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 397

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1198

Registrar's No. 119

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:
St. Luke's Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 3 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 48

(c) City or town Norton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 307 So. Kansas Ave. 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John L. Fleming

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race Wht.

6. (a) Single, widowed, married, divorced Widowed 2

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 | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant C. F. Arnold
(b) Address 3204 Strong Ave. K. C. Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 12/42 (Month) (Day) (Year)
(c) Place: burial or cremation Norton, Kansas

18. (a) Signature of funeral director Simmons F Home
(b) Address 76 C 76

19. (a) Jan 17 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1942 hour 3 minute 33 P.M.

21. I hereby certify that I attended the deceased from Jan 8, 1942, to Jan 10, 1942
that I last saw him alive on Jan 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to

Due to

137 P

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations - Patient had a prostatic transurethral operation
Of autopsy no -

Duration

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 Nels F. Ockerblad (M. D. or other)
Address 1530 Professional Bldg. Date signed 1/11/1942

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

No. 2
-9-4-41
5 17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No. 119

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke Hospital, K.C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Norton
(c) City or town Norton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.

3. (a) PRINT FULL NAME John Lightner Fleming

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 10th (Day) 1870 (Year)

8. AGE: Years 72 Months 4 Days If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business none

MOTHER FATHER
12. Name no data
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name no data
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Gilbert Fleming
(b) Address 1319 Ruby Ave., K.C. Ks.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14th (Month) (Day) (Year)
(c) Place: burial or cremation Norton, Kansas.

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

19. (a) 1/14/42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th year 1942 hour minute M.

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

Immediate cause of death — 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

23. Signature (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

5-1198

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.....

Licensed Embalmer No.....

P. O. Address.....

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.