FILED FEB 10 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1081
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 149
(b) Township Row — Primary Registration District No. 1002 — Registered No. 48 362
(c) City Kansas City Mo — (d) Street No. O Trinity Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. 8 mos. ds.
(few yrs.)

2. PRINT FULL NAME Alta May Fleming
(a) Residence, No. Cleveland Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chester Fleming age unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 18-1916
7. AGE: 26 YEARS, 10 MONTHS, 6 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Keeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Amsterdam Mo.

FATHER
13. NAME: Fred Gunnels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La Cygne Kans.

MOTHER
15. MAIDEN NAME: Eva Bessie Marmon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La Cygne Kans.

17. INFORMANT (ADDRESS): Chester Fleming Cleveland, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Auburn Kans DATE Jan. 27, 1943
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Geo E. Myers Cleveland, Mo.
20. FILED 1-24, 1943 M M Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1943

I HEREBY CERTIFY, That I attended deceased from January, 1940 to 1-24, 1943
I last saw her alive on 1-24, 1943 Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelogenous leukemia	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. E. Walker, M. D.
(Address) Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14028

AUG 5 1949

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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.