

No. 2
2-43
17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41935

FILED JAN 5 1945

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Fair Play, Mo.
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County MO

(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 0

3. (a) PRINT FULL NAME Ada R. Fleeman

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 divorced

6. (b) Name of husband or wife G.R. Fleeman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 25 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 8 18 hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name John Clemmons

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

14. Maiden name Ellen Miller

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

16. (a) Informant Mrs. Flick Fleener

(b) Address Fair Play, Mo.

17. (a) Burial (b) Date thereof 12 13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair Play, Mo.

18. (a) Signature of funeral director Barber Erwin Blue

(b) Address Fair Play, Mo.

19. (a) Dec 24 1945 (b) Edgar Sparker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1943 hour 6 minute 30 AM.

21. I hereby certify that I attended the deceased from Nov 12
1943 to Dec 7 1943;
that I last saw her alive on Dec 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pul. Tuberculosis

Due to _____

Due to _____

Other conditions 13 ft
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration P

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? _____

23. Signature Dr. P. F. Wilson (M. D. or other) DO.

Address Fair Play, Mo. Date signed 12/27/43

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

MOTHER FATHER

District Health Order No. 7,
District File Number 12-43-1389
Filed 1-4-44

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 with the above constitutes grounds for revocation of license.)

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

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

1. PLACE OF DEATH:

(a) County Cedar Rural
(b) City or town 3 mi. S. of Rural Madison
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) Spoo Mo. (b) County Cedar
(c) City or town Fairfax
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Madison Sup.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ada R. Fleeman

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Mar 25
(Month) (Day) (Year)

8. AGE: Years 21 Months 8 Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) Jan 7 1943 (b) Floyd Sparks
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Year 1943 Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 6
Of operations _____

Of autopsy _____

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 _____

SUPPLEMENTARY

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

S-41935