

FILED FEB 8 1944
278

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pike County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Cyrene 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) PRINT FULL NAME Blount Ishmael Fleener

3. (b) If veteran, name war X 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara Nevada Fleener 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Feb. 7 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 8 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name David Finley Fleener

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

14. Maiden name Elise Murphy

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

16. (a) Informant Mrs. Blount Fleener

(b) Address Cyrene Mo

17. (a) Burial (b) Date thereof 1 17 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisville, Mo.

18. (a) Signature of funeral director Grace Bansked

(b) Address Bowling Green Mo.

19. (a) 1/16/44 (b) Pittsburg Mo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1944 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from Feb 7
1944 to Feb. 15 1944
that I last saw him alive on Feb. 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death thrombosis of prostate
Duration _____

Due to _____
Due to _____

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

Major findings: none
Of operations _____
Of autopsy none

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 none
(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 0

23. Signature Blount Fleener (M. D. or other) _____
Address Louisiana Mo Date signed 1/16/44

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

MOTHER FATHER

1108

RECEIVED

District Health Officer No. 10

District File Number 2-44-338

Date Filed FEB 7 1944

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 Grace Banfheal

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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.