

FILED JUL 24 1944

Registration District No. 2

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1410 Spring Street 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Squire Thomas Fleming

3. (b) If veteran, name war None

3. (c) Social Security No. 488-12-6387

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day July year 1944 hour 9 minute 25 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nancy Fleming 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Apr. Dec 17 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1, 1944 to July 8, 1944 that I last saw him alive on July 8, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 8 Days 21 If less than one day _____ hr. _____ min.

Immediate cause of death Pneumo pneumonia 5 days

Due to Primary Tuberculosis 1 yr.

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

Due to _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James F. Fleming

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

14. Maiden name Emm Hicks

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs John Gayles

(b) Address Christon Mo

17. (a) Burial (b) Date thereof July 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cool Springs Cent.

18. (a) Signature of funeral director Black's Mortuary

(b) Address Caring Ave.

19. (a) 7-14-44 (b) Belle Anne
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) [Signature]

Address Poplar Bluff Mo Date signed 7/11/44

RECEIVED

District Health Office No. 2,

District File Number 244-927

Date Filed 7-20-44

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.....

Met E. Mahomed....., 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.