

1. PLACE OF DEATH:

(a) County CRUNDY

(b) City or town IREXTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 703 Monroe St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 5 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crundy 40

(c) City or town TRENTON 1/2
(If outside city or town limits, write "RURAL")

(d) Street No. 703 Monroe
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME HENRY C. FLEAK

3. (b) If veteran, name war None

3. (c) Social Security No. 512-05-7302

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Clara D. Fleak

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 28, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>4</u>	<u>23</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation Numan

11. Industry or business _____

MOTHER FATHER

12. Name Zackariah Fleak

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

14. Maiden name Josephina Hanna

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

16. (a) Informant Devinis Fleak

(b) Address Trenton, Missouri

17. (a) Burial (b) Date thereof Sept 22, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deale Grove Trenton

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Trenton, Mo.

19. (a) 9-22-44 (b) S. J. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 21 1944
year 1944 hour 12:05 minute PM M.

21. I hereby certify that I attended the deceased from 9-20-1944 to 9-21-1944
that I last saw him alive on 9-21-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Duration _____

Due to Chronic nephritis

Due to Carcinoma Bladder

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

Major findings: _____
Of operations _____
Of autopsy _____

528

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 0

23. Signature W. A. Jenson (M. D. or other) MD

Address Trenton, Mo. Date signed 9-22-44

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

40
1
2

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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

Raymond A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Strenton 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, fact should be so stated above.