

FILED OCT 13 1945
149
Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2301 Lydia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years
(Specify whether years, months or days)

In this community 8 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Abe Fleeks

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Male

5. Color or race Col

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

(b) Name of husband or wife Rosa Fleeks

(c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 1, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>9</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Common Laborer

11. Industry or business

MOTHER FATHER { 12. Name Hiram Fleeks

{ 13. Birthplace Jonesboro Texas
(City, town, or county) (State or foreign country)

{ 14. Maiden name Eliza Todd

{ 15. Birthplace Jonesboro Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Katie Henson

(b) Address 2301 Lydia

17. (a) burial (b) Date thereof 10/5/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Hathkins Bros.

(b) Address 1729 Lydia

19. (a) 10-5-45 (b) Geraldine Helms
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2301 Lydia
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2
year 1945 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from June 2, 1945 to Oct 2, 1945
that I last saw him alive on Oct 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic coronary insufficiency

Due to _____

Due to _____

Other conditions 9215
(Include pregnancy within 3 months of death)

Major findings: 9215

Of operations _____

Of autopsy 200

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. While at work? _____ (Specify type of place)

(c) Means of injury? _____

Signature L. J. Booker (M. D. or other) _____

Address 2028 Vine St. Date signed 10/3/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
3
8

Dr. L. H. Booker

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.....

D. J. Munroe

Licensed Embalmer No. *3994*

P. O. Address: *2503 Highland*

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.