S. No. 2
M—5-43
5-17-39
I X35671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42120

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 152

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(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) State Missouri (b) County Phelps 81
(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")
(d) Street No. 102 N. Rolla St. 2
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Albert Fleming
3. (b) If veteran, name war -
3. (c) Social Security No. -
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearl Alderidge Fleming
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased June (Month) 6th (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
56	5	19	hr. min.

9. Birthplace Rolla (City, town, or county) Mo (State or foreign country)
10. Usual occupation Manager
11. Industry or business M.F.A
MOTHER FATHER
12. Name James Fleming
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country) /
14. Maiden name Martha McDonald
15. Birthplace Unknown (City, town, or county) Ill. (State or foreign country) /
16. (a) Informant Mrs. Pearl Fleming
(b) Address 102 N. Rolla, Rolla Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Mo
18. (a) Signature of funeral director Smith-Hollon Funeral Home
(b) Address Rolla Mo.
19. (a) Nov. 28, 1945 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1945 hour 8 minute 05 P. M.
21. I hereby certify that I attended the deceased from Nov 19, 1945 to Nov. 23, 1945 that I last saw him alive on Nov 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	10 min
Due to Coronary occlusion	years
Due to partial angina Pectoris	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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? (Specify type of place)
While at work? (e) Means of injury —
23. Signature M K Underwood (M. D. or other)
M. K. UNDERWOOD, M. D.
Address ROLLA, MISSOURI Date signed 11/28/45

(Licensed Embalmer's Statement on Reverse Side)

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. 3643

P. O. Address Rolla, 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.