

FILED

MAR 29 1946

State File No. _____

Registration District No. 101

Primary Registration District No. 5413

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Squires, Rural Walls
(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 Douglas
(c) City or town Squires, 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 Johnnie Fleetwood

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 7, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 3 3 hr. min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name David Fleetwood

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

14. Maiden name Ethel Wilson

15. Birthplace Mt. Home, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant David Fleetwood

(b) Address Squires, Missouri

17. (a) Burial (b) Date thereof 2-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murray

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) Feb. 19-46 (b) Vestal Burkman
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10
year 1946 hour 12 minute _____ A. M.

21. I hereby certify that I attended the deceased from 2-8
1946 to 2-10 1946
that I last saw him alive on 2-10 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 1 wk

Diphtheria
Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy 10

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? (c) Means of injury _____

23. Signature M. C. Gentry (M. D. or other) _____

Address ava Date signed 2-11-46

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

7888

8K

RECEIVED

District Health Officer No. 6;

District File Number 346-418

Date Filed MAR 25 1946

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 M.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Oral 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.