

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **1065**

1. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **LEANSAS CITY**
(c) Name of hospital or institution **4235 WOODLAND AVENUE**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **35 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **JACKSON HR**
(c) City or town **LEANSAS CITY**
(d) Street No. **4235 WOODLAND AVENUE**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **MRS. MARTHA ELLEY FLEMING**

(b) If veteran, name war **NO** (c) Social Security No. **17019E**

4. Sex **FEMALE** 5. Color, or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MR. FRANCIS FLEMING**
6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **MARCH 5 - 1873**
(Month) (Day) (Year)

8. AGE: Years **72** Months **11** Days **24** If less than one day hr. min.

9. Birthplace **WHITE COUNTY ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOUSEWIFE**

12. Name **WHALEY YEWBY**

13. Birthplace **ILLINOIS**

14. Maiden name **MARYA TATE**

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

16. (a) Informant **Francis A. Fleming**

(b) Address **4235 Woodland Ave**

17. (a) **Burial** (b) Date thereof **MAR. 4, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hills CEMETERY**

18. (a) Signature of funeral director **H. J. Newcomer**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **3-4-46** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **2ND**
year **1946** hour **1** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **1-1-46**
to **3-1-46**, 19____, and that death occurred on the date and hour stated above.

that I last saw her alive on **3-1-46**, 19____

Immediate cause of death **Carcinoma of breast** Duration **2 yrs?**

Due to _____

Due to **50**

Other conditions **Broncho-pneumonia** **4 days**
(Include pregnancy within 3 months of death)

Major findings: **Had been operated**

Of operations _____
Of autopsy _____

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 **J. B. Bellace** (M. D. or other)

Address **703 Lathrop Bldg** Date signed **3/2/46**

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

7028 Fullerton Rd
10058 road

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 *H C Newcomer*

Licensed Embalmer No. 4043

P. O. Address *H C 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.