

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 19 1946 STANDARD CERTIFICATE OF DEATH

State File No. **27120**
Registrar's No. **3411**

Registration District No. **149** Primary Registration District No. **1602**

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:
General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether
In this community **80 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **2**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **4141 Genessee** **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jack Fleming; (John J)**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **491-22-1898**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **6**
year **1946** hour **9** minute **P.** M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Josie Fleming** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **April 23 1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug. 4** 19**46** to **Aug. 6** 19**46**;
that I last saw him alive on **Aug. 6** 19**46**;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 **3** **12 13** hr. min.

Immediate cause of death **Coronary occlusion with myocardial infarction**
Due to _____
Due to _____

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Watchman**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **94a**
Of operations _____
Of autopsy **See above**

11. Industry or business **Standard Laundry**
12. Name **David Fleming** **9**
13. Birthplace **No record** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Kelley**
15. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Josie Fleming**
(b) Address **4141 Genessee**
17. (a) **Burial** (b) Date thereof **8/9/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Mary's Cemetery**

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? _____

18. (a) Signature of funeral director **Frank W. Holmes**
(b) Address **20 West Linwood**
19. (a) **8-8-46** (b) **Theraldine Holmes**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury **0**
23. Signature **Wm W. Hart** (M. D. or other) **7**
Address **Med. Dir. Gen'l Hosp.** Date signed **8-7-46**

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

MOTHER FATHER

Dr. C. W. ...

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, ~~only~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.