

FILED NOV 12 1946

Registration District No. 273

Primary Registration District No. 4435

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls,
(b) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Perry, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community All of Life.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87
(c) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT

FULL NAME Elizabeth F. Flemming.

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

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

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

7. Birth date of deceased Dec. 23, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>5</u>	hr. min.

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

10. Usual occupation Housework.

11. Industry or business Home.

12. Name Stephen J. Elliott.

13. Birthplace Unknown Kentucky.
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Reed.

15. Birthplace Unknown Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Hokey
(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 10-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Cemetery.

18. (a) Signature of funeral director Clyde Wesley
(b) Address Perry, Mo.

19. (a) 1930746 (b) Clyde Wesley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th.
year 1946 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 1940
to Oct. 28 1946
that I last saw her alive on Oct. 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Similar

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 16 2 10
Of autopsy.....

Duration

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?

While at work?..... (Specify type of place) (e) Means of injury 2

23. Signature E. T. Swondo (M. D. or other)
Address Perry, Mo Date signed 1946

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

RECEIVED
District Health Officer No. 10
District File Number 10-46-2004
Date Filed NOV - 8 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, ~~on~~.....

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

Signed Clyde Wilsey.....

Licensed Embalmer No. 3820.....

P. O. Address Perry 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.