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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1947
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. A. Knabb 783
State File No. _____
Registrar's No. 107

Registration District No. _____ Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
410 1/2 E. Commercial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 Years years, months or days)

3. (a) PRINT FULL NAME Wayne Fleeman
3. (b) If veteran, name war No 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 Edith Fleeman
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 6 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 10 29 _____ hr. _____ min.

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

10. Usual occupation Restaurant Worker

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Fleeman
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 2/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 2/9/47 (b) W. J. Handley and
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 410 1/2 E. Commercial
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1947 hour 3 minute _____ p. _____ M.

21. I hereby certify that I attended the deceased from Feb. 5, 1947 to Feb. 5, 1947
that I last saw him alive on Feb. 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery block
occlusion

Due to _____
Due to Arterial degeneration

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

Major findings: 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) (a) _____ (b) _____
23. Signature Arthur Knabb M. D. or other _____
Address 850 1/2 E. Conrail Date signed 2-7-47

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

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

MOTHER FATHER

JAN 7 1948

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

Roy H. Mercer, Jr.

Licensed Embalmer No.

4432

P. O. Address

Springfield, 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.