FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 27 1948

Registration District No. 132

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3021

State File No. 22929

Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cullers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 da. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Grundy 40
(c) City or town Trenton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SAMUEL LEWIS FLESHMAN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M. 0
5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased June (Month) 12 (Day) 1864 (Year)

8. AGE: Years 84 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Grundy Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Blacksmith
11. Industry or business
FATHER
12. Name Lewis Fleshman
13. Birthplace (City, town, or county) Va. (State or foreign country)
MOTHER
14. Maiden name Addie Ewing
15. Birthplace ✓ (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs Vernon Proffit
(b) Address Trenton Mo (Rural)
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Rural Dale Cem
18. (a) Signature of funeral director D K Payne Son
(b) Address Galt Mo.
19. (a) 6-16-48 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1948 hour 8 minute 00 P M.

21. I hereby certify that I attended the deceased from June 10, 1948 to June 13, 1948; that I last saw him alive on June 13, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	
Due to Intestinal obstruction	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~)
Address Trenton Mo Date signed 6/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 P. K. Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.