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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED SEP 4 1948**  
Registration District No. 2

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **25841**  
Registrar's No. **72**

Primary Registration District No. **4154**

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

1. PLACE OF DEATH:  
(a) County **Dade**  
(b) City or town **Greenfield, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Yrs,** \_\_\_\_\_ (Specify whether  
years, months or days)

3: (a) PRINT FULL NAME **Levi Reece Fleeman**  
3: (b) If veteran, name war \_\_\_\_\_ 3: (c) Social Security No. \_\_\_\_\_

4. Sex **M O** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Josie Fleeman Deceased** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Oct. 28 1866**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **9** Days **28** If less than one day hr. min.

9. Birthplace **Ceder, Co.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Thomas Fleeman**

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

14. Maiden name **Lella Ann Fleeman**

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

16. (a) Informant **Walter Fleeman**

(b) Address **Greenfield, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 27, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pennsboro, Cemetery**

18. (a) Signature of funeral director **W.R. Allison**

(b) Address **Greenfield, Mo.**

19. (a) **8-27-48** (b) **Les R. Weing**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Dade** 29  
(c) City or town **Greenfield, Mo.** 1  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Aug.** day **26**  
year **1948** hour **12:15** minute **AM**

21. I hereby certify that I attended the deceased from **8/24/48**, 19\_\_\_\_ to **8/26/48**, 19\_\_\_\_;  
that I last saw him alive on **8/24/48**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **2 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature **Les R. Weing** (M. D. or other)

Address **Greenfield, Mo.** Date signed **8/26/48**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6;

District File Number 948-984

Date Filed SEP 2 1948

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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

George W. Newcomb

, Registered Apprentice No.

30

working under my personal supervision.

Signed

W. R. Allison

Licensed Embalmer No.

4404

P. O. Address

Haverfield, 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.