

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15856

1804

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1005</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>		admission)	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>30 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		48 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1112 1/2 TROOST AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>1112 1/2 TROOST AVENUE</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>ALONZO</u>		b. (Middle) <u>C.</u>	c. (Last) <u>FLEETWOOD</u>		(Month) (Day) (Year) <u>APRIL-23-1949</u>		
(Type or Print)							
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, - WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY-21-1871</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 15 YEARS - SPECULATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>REAL ESTATE</u>	11. BIRTHPLACE (State or foreign country) <u>TRIPLETT, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>BENJAMIN F. FLEETWOOD</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE HENSLEY</u>		14. NAME OF HUSBAND OR WIFE <u>ABBIE R. FLEETWOOD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ABBIE R. FLEETWOOD</u>				
				ADDRESS <u>1112 TROOST AVENUE</u>		CITY, STATE, ZIP <u>KANSAS CITY, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suppurative Cholangitis.</u>		DUE TO (b) <u>Gall Stones with Biliary obstruction</u>					40.5 years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cirrhosis of liver and</u>					30.4 mo.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>45</u> , to <u>April 23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Apr 23</u> , 19 <u>49</u> , and that death occurred at <u>5:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harvey Jennett</u>				23b. ADDRESS <u>424 Professional Bldg Kansas City Mo</u>		23c. DATE SIGNED <u>Apr 24 49</u>	
24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>April 26 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McClough</u>		24d. LOCATION (City, town, or county) (State) <u>TRIPLETT, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>4-25-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>			
				ADDRESS <u>1331 BRUSH CREEK BLVD</u>		CITY, STATE, ZIP <u>KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

D. H. Noffsinger

Licensed Embalmer No.

3988

P. O. Address

Kansas City

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.