

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. ¹⁸⁶⁴⁶ 18646

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 695

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>	c. LENGTH OF STAY (in this place) <u>2</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Male Hospital No 2</u>		d. STREET ADDRESS (If rural, give location) <u>715 No 22nd</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) _____ c. (Last) <u>Fleming</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 - 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 19 1875</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months <u>4</u> Days <u>19</u>	11. UNDER 18 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>St Joseph Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>R. B Fleming</u>	13b. MOTHER'S MAIDEN NAME <u>Racheal Burns</u>	14. NAME OF HUSBAND, OR WIFE <u>not given</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (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>Mrs John Countryman</u> ADDRESS <u>715 No 22nd</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4321</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo carditis</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from May 1, 1949, to June 8, 1949, that I last saw the deceased alive on June 8, 1949, and that death occurred at 8:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James Thomas M.D.</u>	23b. ADDRESS <u>St Joseph Mo of Male Hospital No 2</u>	23c. DATE SIGNED <u>6/8-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 10, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Auburn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St Joseph Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 25, 1949</u>	REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll</u> ADDRESS <u>120 Illinois Ave</u>
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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.

Signed _____

Emil A. Clark

Signed _____

Student Embalmer

Licensed Embalmer No. 4238

P. O. Address St. Joseph 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.