No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26808

FILED SEP 8 1947
Registration District No. ____ Primary Registration District No. 1000 Registrar's No. 1059

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours (Specify whether
In this community 24 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Doniphan
(c) City or town Wathena
(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 Thomas Edward Fleek
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 26, 1947 (Month) (Day) (Year)

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

9. Birthplace Wathena Ks (City, town, or county) (State or foreign country)
infant
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Maurice Fleek
13. Birthplace Blair, Kansas (City, town, or county) (State or foreign country)
14. Maiden name Leanna Kilgore
15. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Maurice Fleek
(b) Address Wathena, Ks
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery
18. (a) Signature of funeral director Barry Funeral Home
(b) Address St. Joseph, Mo.
19. (a) 9-4-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1947 hour minute 4:45A M.
21. I hereby certify that I attended the deceased from Aug 26, 1947 to Aug 27, 1947
that I last saw h[illegible] alive on Aug 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	1 da
Due to	
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

23. Signature H. Logan Moore MD (M. D. or other)
Address St Joseph Mo Date signed 9/8/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ NOT EMBALMED by me, or by ....., ..., Registered Apprentice No. ....., working under my personal supervision.

Signed Victor Barry

Licensed Embalmer No. 4212

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.