

FILED JUN 25 1948

Registration District No. 63

Primary Registration District No. 2254

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Trigg Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Chariton
(c) City or town Trigg Rural
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Richard Franklin Fleetwood

3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28th.
year 1948 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from May 18th. 1948 to May 22nd 1948
that I last saw him alive on May 19th. 1948
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced, unwed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Feb 9 1965
(Month) (Day) (Year)

Immediate cause of death Acute Cardiac Failure terminal

8. AGE: Years Months Days If less than one day
83 3 13 hr. min.

Due to Cerebral Hemorrhage 5 days

Due to Hypertension 6 Yrs.

9. Birthplace Smider mo
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations CSW

11. Industry or business.....

12. Name James Fleetwood

13. Birthplace Essalanda mo
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Ashby

15. Birthplace Smider mo
(City, town, or county) (State or foreign country)

Of autopsy.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant Mrs. E. L. Kulaon
(b) Address Trigg mo

17. (a) Burial (b) Date thereof 5-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCallough

18. (a) Signature of funeral director L. W. Neisach

(b) Address Baronsville mo

19. (a) May 24 1948 (b) Smider mo
(Date received local registrar) (Registrar's signature)

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) 2

While at work?..... (e) Means of injury.....

23. Signature H. Fowler (M. D. or other) D.O.
Address Brunswick, MO. Date signed 5/24/48

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

21
00

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-10-48

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 L. Marsil

Licensed Embalmer No. 872

P. O. Address Brunswick 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.