REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21353
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 607
(c) City St. Joseph, (d) Street No. 1015 Ashland Court, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jaen W. Flower, 360
(a) Residence, No. 1015 Ashlans Court, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward West Flower,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1847

7. AGE: YEARS 90 MONTHS 9 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellenville, New York,

FATHER
13. NAME Unknown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) E. C. Delavan 1015 Ashland Court,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE June 10, 1938

19. FUNERAL DIRECTOR (ADDRESS) Heaton-Bergole & Bowman 319 So. 10th. Street. Funeral Home

20. FILED 6/10 1938 H. J. Nettleson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938, to June 8, 1938
I last saw her alive on June 8, 1938 Death is said to have occurred on the date stated above, at 4:40 p.m.
The principal cause of death and related causes of importance were as follows:
Fracture left Hip — Date of onset 6/6/38
186 a

Other contributory causes of importance:
Myocardial degeneration

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6-6, 1938
Where did injury occur? St Joseph Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home - fell
Manner of injury fell - couldn't explain
Nature of injury fracture left Hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. G. Elam, M. D.
(Address) St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self - June 8,

L. E. ✓

No. ✓ or by ✓, Registered Apprentice No. —

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)