REC'D MAR 9 1939

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

6460
Do not use this space.

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.

36

1. PLACE OF DEATH
(a) County Franklin 2 Registration District No. 295
(b) Township ~~Meramec~~ Boone S. 1 Primary Registration District No. 5415A Registered No.
(c) City Sullivan (d) Street No. 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 426 Winchester Reece Flaugher,
(a) Residence, No. Sullivan, Missouri, St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nannie Flaugher,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 12th. 1849
7. AGE: YEARS 90 MONTHS I DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Ohio 1

FATHER
13. NAME: William Flaugher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 1

MOTHER
15. MAIDEN NAME: Malinda Grey, 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Nannie Flaugher Sullivan, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan, Mo. DATE Feb. 18th, 1939
19. FUNERAL DIRECTOR (ADDRESS): J. T. Williams, Sullivan, Mo. 268
20. FILED 2-16 1939 ~~Edgar W. Laffner~~ Local Registrar. 272

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 16th. 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Feb. 16, 1939. I last saw him alive on Jan. 18, 1939. Death is said to have occurred on the date stated above, at 345a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Senility	

Other contributory causes of importance: 97

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. C. Kitchell, M. D.
(Address) Sullivan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, J. T. WILLIAMS, Licensed Embalmer No. 427

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 427 or by, Registered Apprentice No.

working under my personal supervision.

Signed J. T. Williams

Licensed Embalmer No. 427

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

6460
Do not use this space.

1. PLACE OF DEATH Jan 24 1849
(a) County Franklin Registration District No. ~~295~~ 1104
(b) Township Boone Primary Registration District No. 5415A Registered No. 24
(c) City ..... (d) Street No. ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Winchester Reese Flaugher
(a) Residence, No. Sullivan Missouri 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Flaugher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12-1849

7. AGE YEARS 90 MONTHS 1 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Ohio

FATHER
13. NAME William Flaugher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Malinda Grey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Nannie Flaugher Sullivan Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan Mo DATE Feb 18th 1939

19. FUNERAL DIRECTOR (ADDRESS) J. T. Williams Sullivan Mo

20. FILED 1-15, 1940 Chas A Schmidt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16th, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Feb 16, 1939
I last saw him alive on Jan 18, 1939 Death is said to have occurred on the date stated above, at 3:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Senility	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) R. C. Kitchell, M. D.
(Address) Sullivan Mo.

SUPPLEMENTARY

A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY L

REGR