FILED MAR 10 1939

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

7474
Do not use this space.

1. PLACE OF DEATH
(a) County THELPS Registration District No. 677
(b) Township ~~Rolla~~ Primary Registration District No. 4403 Registered No. 16
(c) City ROLLA (d) Street No. Rolla Hospital 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 46" Samuel Flora (SAMUEL FLORA)
(a) Residence, No. Iconia Mo 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 M
4. COLOR OR RACE Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12-1867
7. AGE YEARS 71 MONTHS 4 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Lake Spgs Mo

FATHER
13. NAME John Flora
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Amanda Hyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake Spgs Mo

17. INFORMANT (ADDRESS) Ken Lenox Lake Springs Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Spgs DATE Feb 12 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nuell & Son Rolla Mo
20. FILED Feb 12 1939 Jas. F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1939, to Feb 10 1939
I last saw him alive on Feb 10, 1939 Death is said to have occurred on the date stated above, at 7 40 P.
The principal cause of death and related causes of importance were as follows:

Abcess of the Glutens muscles from an anal fistula

Date of onset

Other contributory causes of importance: 123

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

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?
If so, specify
(Signed) Anthony McFarland M. D.
610 (Address) Rolla 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 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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.