

1939 JUN 19 1939

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

19232
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 5-61
 (b) Township Franklin Primary Registration District No. 5756 Registered No. 37
 (c) City Eldon (d) Street No. _____
 (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

Flossie F. Vernon
 (a) Residence, No. (Aurora Springs) Eldon P.O. St. (If nonresident, give city or town and State)
 (Usual place of abds, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Aubra Vernon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4 1911</u>		
7. AGE <u>28</u>	YEARS <u>1</u>	MONTHS <u>11</u>
DAYS <u>11</u>		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Miller Co Missouri</u>		
FATHER	13. NAME <u>Jessie B. Livingstone</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Nancy A Mayfield</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>	
17. INFORMANT (ADDRESS) <u>Aubra Vernon Aurora Springs Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Allen Cemetery</u> DATE _____ 19____		
19. FUNERAL DIRECTOR <u>Keith M. Kays</u> (ADDRESS) <u>Eldon, Mo.</u>		
20. FILED <u>5-15-1939</u> <u>Belle Haynes</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-1939

22. I HEREBY CERTIFY, That I attended deceased from 5714, 1939, to 5715, 1939
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:10 Am.
 The principal cause of death and related causes of importance were as follows:
acute nephritis Date of onset 5/13/39
Scarlet fever 5/10/39
 Other contributory causes of importance:
 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? _____ 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) Edward J. Allen, M. D.
 (Address) Eldon Mo.

1 X12004
 WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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.

RECEIVED

MINN. BOARD OF EMBALMERS

FILE NO. 39-80

DATE 6-13-39

STATEMENT BY LICENSED EMBALMER

I, Keith M. Kays, Licensed Embalmer No. 3998

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

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Keith M. Kays
Licensed Embalmer No. 3998

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.)