

REC'D JUN 15 1939

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

19428
Do not use this space.

1. PLACE OF DEATH
 (a) County Peniscot Registration District No. 655
 (b) Township Virginia Primary Registration District No. 3872
 (c) or City Steele (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 52 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME John W. Flowers
 (a) Residence, No. _____ 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Flowers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 10 19
 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) Decaturville Tenn
 FATHER 13. NAME Henry Flowers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decaturville Tenn
 MOTHER 15. MAIDEN NAME D.K.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.
 17. INFORMANT (ADDRESS) Bud Stills Steele, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cem, DATE 5/30, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) German Undt Co. Steele, Mo.
 20. FILED June 10, 1939 J. P. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 28, 1939
 22. HEREBY CERTIFY, That I attended deceased from Feb 15, 1939, to May 28, 1939
 I last saw him alive on May 10, 1939. Death is said to have occurred on the date stated above, at 12:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Cancer of jaw (Lower)
 Other contributory causes of importance: 45
 Name of operation _____ 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?
 If so, specify _____
 (Signed) J. K. Chapman, M. D.
597 (Address) Steele Mo

K. 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.

1 X16603 WHAT ON ADAMS TAKE THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 3,

District File Number 39-272

Date Filed 6/12/39

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 comply with the above constitutes grounds for revocation of license.)

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