

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUN 20 1940 334
Registration District No. _____

Primary Registration District No. 4197

Registrar's No. 40

1. PLACE OF DEATH:

(a) County HARRISON

(b) City or town BETHANY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME IDA C. FLINT 453

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband ANDREW H. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12 12 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74	4	15	hr. min.
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9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business Merchant's wife

MOTHER FATHER

12. Name STEPHEN MILLER

13. Birthplace DO NOT KNOW 7
(City, town, or county) (State or foreign country)

14. Maiden name RUTH HAMMONS

15. Birthplace DO NOT KNOW 7
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature I. C. Flint

(b) Address Bethany, Mo.

17. (a) BURIAL (b) Date thereof 4/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MIRIAM CEMETERY

18. (a) Signature of funeral director L. M. Haas

(b) Address Bethany, Mo.

19. (a) 5-13-40 (b) A. P. Weisling
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON

(c) City or town BETHANY
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7-9-38
_____, 19____, to 4-27, 1940;

that I last saw her alive on 4-27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Pulmonary edema 24 hrs.

Due to Coronary occlusion 4 days

Due to Arteriosclerosis 3 years

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____

Of operations 94%

Of autopsy _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

300 (Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature M. J. Boyles (M. D. or other) _____

Address Bethany, Mo. Date signed 4/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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

District Health Officer No. 111

District File Number 64-0-875

Date Filed JUN 11 1940

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.