

FILED SEP 24 1940

Registration District No. 207

Primary Registration District No. 4123-

Registrar's No. 28-22

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town PLATTSBURG
(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) 9
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days 452

8. (a) PRINT FULL NAME CHARLOTTE ANN FLANAGIN

8. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife JOSEPH FLANAGIN 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased May 15 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace HARPER IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER {
12. Name FRANK HOFFMAN 6
18. Birthplace Germany (City, town, or county) (State or foreign country) 6
14. Maiden name Susanna Besser
15. Birthplace Germany (City, town, or county) (State or foreign country) 6

16. (a) Informant Mrs. JOHN HALES
(b) Address PLATTSBURG, MO.

17. (a) BORIAL (b) Date thereof August 10 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director O'Brien - Lyon
(b) Address Plattsburg Mo

19. (a) Aug 9-40 (b) Edwice Chastain
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town PLATTSBURG
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1940 hour 98 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 1937
to Aug 8 1940 to Aug 8 1940
that I last saw her alive on Aug 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to _____ 94W
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature S. D. Reynolds (M. D. or other) !
Address Plattsburg Mo Date signed 8-9-40

Duration
12 hours
12-8

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 11,
Dist. 940-1431
SEP 13 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 Samuel D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburgh, N.Y.

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.