

FILED FEB 17 1941

Registration District No. 1102

Primary Registration District No. 5870

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Pemiscot  
 (a) County Pemiscot  
 (b) City or town Rural, Passola Township  
 (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 1 (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Flosie Lavine Householder  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Elbert Householder  
 6. (c) Age of husband or wife if alive 44 years  
 7. Birth date of deceased September 15, 1905  
 (Month) (Day) (Year)

8. AGE: Years 34 ✓ Months 3 Days 22  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Peelboat Lake, Tennessee  
 (City, town, or county) (State or foreign country)

10. Usual occupation housework  
 11. Industry or business at home

MOTHER FATHER  
 12. Name Frank Martin  
 13. Birthplace Peelboat Lake, Tenn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Maude Calley  
 15. Birthplace Peelboat Lake, Tenn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elbert Householder  
 (b) Address Passola, Mo.

17. (a) Burial (b) Date thereof 1/8/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ballard, Arkansas

18. (a) Signature of funeral director La Farge Undert. Co.  
 (b) Address Cynthiana, Mo.

19. (a) Feb 1-41 (b) Mr. T. R. Cole  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pemiscot  
 (c) City or town Passola, (Rural)  
 (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 January, day 7  
 year 1941 hour 2 minute 15 A.M.  
 21. I hereby certify that I attended the deceased from Aug. 1, 1939  
Jan. 1, 1941, 1940 to Jan 7, 1941  
 that I last saw him alive on Jan. 6, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix  
 Duration 1 year

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions ✓  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: Cancer  
 Of operations \_\_\_\_\_  
 Of autopsy not made  
 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?  
56 (Specify type of place) (e) Means of injury \_\_\_\_\_  
 While at work? \_\_\_\_\_  
 28. Signature Applines (M. D. or other) \_\_\_\_\_  
 Address Hayti, Mo. Date signed 1-9-41

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.

2-41-1

JUL 26 1948

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**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.....

*Not Embalmed*, 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3731

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 1102

Primary Registration District No. 5870

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Pemiscott  
(b) City or town Paseolu T.P.  
(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  
years, months or days)

3. (a) PRINT FULL NAME

Flozie Lorine Householder

(b) If veteran, name war

(c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive W year

7. Birth date of deceased

Sept 15 - 1905  
(Month) (Day) (Year)

8. AGE:

Years 35 Months 3 Days 22  
If less than one day hr. min.

9. Birthplace

(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

Feb 1 - 1941  
(Date received local registrar)

(b)

Mar 2 R. Cole  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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

DEATH CERTIFICATION

20. DATE OF DEATH Month Jan day 7  
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature A. G. Shirey (M. D. or other)

Address Hayti Date signed

SUPPLEMENTARY

