

No. 2
4-13-40
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MO FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3971
State File No. 37
Registrar's No. 37

Registration District No. 735

Primary Registration District No. 3034

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: McCormick Hospital
(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 Lillie Mae Flichman

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

5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy Flichman
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 22nd 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	5	6	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Carl Chase

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Pflum

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Flichman
(b) Address High Hill, Mo

17. (a) Burial (b) Date thereof Jan 31st 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) Jan 31-41 (b) Paul H. Williams
(Interreceived local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town High Hill
(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 Jan day 28th
year 1941 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-26-41
_____ 19, to 1-28-41, 19____;
that I last saw h. u alive on 1-28-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to 1318
Due to _____

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

Major findings: Enlarged Thyroid
Of operations _____
of autopsy _____

Duration 1-28-41
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? _____

925
(Specify type of place) _____
While at work (e) Means of injury _____

23. Signature R. P. Wilson M.D. (M. D. or other) _____
Address 319 Grant Ave Date signed 1-29-41

(Licensed Embalmer's Statement on Reverse Side) Moberly

70
0
0

RECEIVED

District Health Officer No. 10

District File Number 2-41-266

Date Filed Feb 12 1941

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 Frank D. Watt

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo

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, fact should be so stated above.