

Registration District No. 334

Primary Registration District No. 5465

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

1. PLACE OF DEATH: Harrison

(a) County: \_\_\_\_\_

(b) City or town: RURAL BETHANY TWP.  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME: Thomas Jefferson Flint

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

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary A. Flint 6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: Aug 4 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: FARMER

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: Joseph Flint

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

14. Maiden name: Josephine

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

16. (a) Informant: George Easton

(b) Address: Bethany, Mo.

17. (a) BURIAL (b) Date thereof: March 10 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: MIRIAM CEMETERY

18. (a) Signature of funeral director: L. M. Hoss

(b) Address: Bethany, Mo.

19. (a) 3/15/41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Harrison

(c) City or town: 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 March, day 8, year 1941, hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from July 27, 1941, to March 8, 1941; that I last saw him alive on March 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: \_\_\_\_\_

Due to: Hypertension Coronary sclerosis

Due to: Arteriosclerosis

Other conditions: \_\_\_\_\_  
(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) (Means of injury)

23. Signature: [Signature] (M. D. or other) D

Address: [Address] Date signed: \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *S. M. Saas*

Licensed Embalmer No. *1078*

P. O. Address..... *Richmond, Va.*

**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.**