

FILED MAY 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16149

Registration District No. 873

Primary Registration District No. 61587

Registrar's No. _____

1. PLACE OF DEATH: *Vernon*

(a) County *Vernon*

(b) City or town *Sheldon Mo #2*

(c) Name of hospital or institution: *Montevello Nursing Home*

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *1 hr.* (Specify whether)

In this community *1 hr.* years, months or days

2. USUAL RESIDENCE OF DECEASED: *108*

(a) State *Missouri* (b) County *Vernon*

(c) City or town *Rural - Montevello - twp*

(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.? *0* years.

3. (a) PRINT FULL NAME *Infant Flewelling*

3. (b) If veteran, name war */*

3. (c) Social Security No. _____

4. Sex *Female* 5. Color or race *White*

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

6. (b) Name of husband or wife */*

6. (c) Age of husband or wife if alive *30* years (Day) (Year)

7. Birth date of deceased *April 30 1941* (Month) (Day) (Year)

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

1 hr. min.

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

10. Usual occupation */*

11. Industry or business */*

MOTHER FATHER

12. Name *Arthur Roy Flewelling*

13. Birthplace *Danville Illinois* (City, town, or county) (State or foreign country)

14. Maiden name *Elizabeth Rutha Dagerholzer*

15. Birthplace *Jackson Co. Minnesota* (City, town, or county) (State or foreign country)

16. (a) Informant *Arthur Roy Flewelling*

(b) Address *Sheldon Mo #2*

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation *Not known at time*

18. (a) Signature of funeral director *None*

(b) Address _____

19. (a) *April 30 41* (b) *W. S. Kohnschoffer* (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *April* day *30* year *1941* hour *7* minute *30* A.M.

21. I hereby certify that I attended the deceased from *6:30 am April 30*, 1941, to *7 am April 30*, 1941, that I last saw her alive on *April 30*, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death *Coronary defect of heart (Patent ductus arteriosus)*

Due to */*

Due to */*

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)

(e) Means of injury _____

23. Signature *Thomas G. Duckett* (M. D. or other) *MD*

Address *Sheldon Mo* Date signed *4/30/41*

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

RECEIVED

District Health Officer No. 7¹/₂

District File Number 5-41-852

Date Filed 5-12-41

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, fact should be so stated above.