S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22020

Registration District No. 464 Primary Registration District No. 4277 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Odessa
(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 years, months or days)
In this community 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(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.

3. (a) PRINT FULL NAME Bessie Flournoy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oscar Flournoy
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased April (Month) 1 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
46	1	1	hr. min.

9. Birthplace Johnson Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House keeper
11. Industry or business
MOTHER FATHER
12. Name Henry Williams
13. Birthplace Johnson Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name Belle Hardin
15. Birthplace Johnson Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Oscar Flournoy
(b) Address Odessa, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo.
18. (a) Signature of funeral director L. L. Hussman
(b) Address Odessa, Mo.
19. (a) 6/3/41 (Date received local registrar) (b) Mrs E. M. Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1941 hour 5:00 minute P.M.
21. I hereby certify that I attended the deceased from June 2, 1941, to June 2, 1941, and that death occurred on the date and hour stated above.
I last saw her alive on June 2, 1941
Immediate cause of death Cardiac Disease (Coronary Embolism)
Due to Hypertension
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. S. Schooley M. D. (M. D. or other)
Address Odessa Mo. Date signed 6/3/41

(Licensed Embalmer's Statement on Reverse Side)

ECEIVED
istrict Health Officer No. 8,
istrict File Number 7-8-41
ate Filed

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 Jerry L. Hasman

Licensed Embalmer No. 7541

P. O. Address Odessa, 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, above space should be left blank.