

FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32874

Do not use this space. 112

1. PLACE OF DEATH

(a) County Webster Registration District No. 898
(b) Township F. Benton Primary Registration District No. 6203 Registered No. 0
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 10 yrs. 3 mos. x ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph Michael Flowers
(a) Residence, No. 134 New York Wichita, Kansas St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Flowers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 22, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Washington Co., Kansas
(STATE OR COUNTRY)

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Miss Jack Bayle
247 Indiana - Wichita, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Welch Cemetery DATE 9-4-1941

19. FUNERAL DIRECTOR (NAME) For Rainey
(ADDRESS) Marshfield, Mo.

20. FILED 9-6-41 1941 Lester W. Good
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1941 to Sept. 3, 1941

I last saw him alive on Sept 3, 1941. Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Arteriosclerosis
Enteritis - Hypertension
Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 1941

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. H. Luff, M.D.

(Address) Seymour, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 1041-1564

Date Filed OCT 9 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.....

Licensed Embalmer No. 3312

P. O. Address Marshfield

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.