

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 27 1941

STANDARD CERTIFICATE OF DEATH

State File No. 34868

Registration District No. 309

Primary Registration District No. 4189

Registrar's No. 309

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Albany *Dunn*

(c) Name of hospital or institution: 1

(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 Dale Stockton Flowers

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Flowers 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Nov. 9 1867
(Month) (Day) (Year)

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

73 9 27 ..hr.min.

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

10. Usual occupation Banker

11. Industry or business.....

MOTHER FATHER { 12. Name Wm. A. Flowers

13. Birthplace W. Kansas, U.S.

14. Maiden name Flora A. Stockton (State or foreign country)

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

16. (a) Informant Mrs. Dale S. Flowers

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 9/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director [Signature]

(b) Address Albany, Mo.

19. (a) Sept 9, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town Albany
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6th
year 1941 hour 6 minute..... P.M.

21. I hereby certify that I attended the deceased from Sept 4 1941
to Sept 6 1941

that I last saw im alive on Sept 6
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Raymond
Ph. D. Brown

Due to.....
9/4

Duration 2 days

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?.....

While at work? J. N. Barger, MD

Note: The above must be signed by the licensed embalmer for reception and transportation of the body to the place of interment.

Albany, Mo.

Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, 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.