

S. No. 2
M-4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Horton 2230
State File No. _____
Registrar's No. 10

FILED FEB 13 1942
Registration District No. _____

Primary Registration District No. 2001

19
20

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution St. John Hosp. A
(d) Length of stay: In hospital or institution 2 Days
In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 307 E. Madison
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Dora Flood
(b) If veteran, name war no (c) Social Security No. no

20. DATE OF DEATH: Month Jan. day 4
year 1942 hour 10 minute P. M.

4. Sex Female; race White; 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife George Flood
(c) Age of husband or wife if alive Dec. years

21. I hereby certify that I attended the deceased from Jan 2 to Jan 4, 1942
that I last saw her alive on Jan 4, 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased March 21 1856
8. AGE: Years 85 Months 9 Days 13

Immediate cause of death Traumatic shock

9. Birthplace Stottsville Kentucky

Due to Fracture, intertrochanteric, left femur
Due to

10. Usual occupation Home

Other conditions (Includes pregnancy within 3 months of death)

11. Industry or business
12. Name Joseph McReynolds
13. Birthplace Unknown Unknown
14. Maiden name Unknown
15. Birthplace Unknown Unknown

Major findings: Of operations 186 a
Of autopsy 10
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Emmett Flood
(b) Address Springfield, Mo.
17. (a) Burial (b) Date thereof Jan. 6 1942
(c) Place: burial or cremation Glynn Cemetery

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Jan 3, 1942
(c) Where did injury occur? Springfield, Greene, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 1-6-42 (b) W. W. Handley

While at work? yes (e) Means of injury fell down
23. Signature James D. Horton (M. D. or other)
Address Springfield, Mo. Date signed 1/6/42

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

Walter E. Hamilton

Licensed Embalmer No.

3808

P. O. Address to

Springfield 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.