V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

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2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11007

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 201 E. Broadway (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 27 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Joplin, (If outside city or town limits, write "RURAL") 6
(d) Street No. 915½ S. Main Street (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Flynn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 25 (Day) 1884 (Year)

8. AGE: Years 57 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Washington Co. (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Mechanic
11. Industry or business Sheet Metal Works
FATHER
12. Name William Flynn
13. Birthplace Bo Data (City, town, or county) Road Island (State or foreign country)
MOTHER
14. Maiden name Alice Roach
15. Birthplace Ft. Smith (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Gertrude Flynn (sister)
(b) Address Fayetteville, Ark.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Fayetteville, Ark.
18. (a) Signature of funeral director Hedge-Nelson
(b) Address Webb City, Missouri
19. (a) Mar. 17, 1942 (Date received local registrar) (b) Mrs Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1942 hour 1 minute 45 P. M.
21. I hereby certify that I attended the deceased from Saw this man once, 19 March 16, 1942 that I last saw him alive on March 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Endocarditis	1 hour
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

91B

Major findings:
Of operations
Of autopsy

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) no
(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 — 0
23. Signature B. A. Dumbaud (M. D. ~~or other~~) M D
Address Webb City, Mo Date signed 3/16/42

(Licensed Embalmer's Statement on Reverse Side)

42-3-295

APR 16 1942

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.