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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1942

Registration District No. 204

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2013

State File No. 17769

Registrar's No. 27

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

25
1
1

**1. PLACE OF DEATH:**

(a) County Clinton

(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 505 N. Cherry St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether

In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 25

(a) State Missouri (b) County Clinton 1

(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")

(d) Street No. 505 N. Cherry
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nancy Flanders

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Thos. L. Flanders

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 22, (Day) 1855 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | 9 | 24 | hr. min. |

9. Birthplace DeKalb Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Andrew Sherard.
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant Elmer Flanders

(b) Address Cameron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/42 (Month) (Day) (Year)

(c) Place: burial or cremation Woods Cemetery

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. May 16, 1942 (Date received local registrar) Mrs. Kathleen Harris (Registrar's signature)

10 OF

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 16, year 1942 hour 8.15 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan. 5, 1942, to May 16, 1942; that I last saw her alive on May 16, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation — Duration 15 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 92 f

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)

(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 A. O. Gilliland (M. D. or other) MD

Address Cameron Mo Date signed 5/16/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address Cameron, 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.**