

FILED JUL 13 1942

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **115**

49
1
3

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

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
1031 Orner /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether—)

In this community **43 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper 49**

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

(d) Street No. **1031 Orner**
(If rural, give location)

(e) Citizen of foreign country? **No** **D** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Flory**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Kate Flory**

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

7. Birth date of deceased **July 27 1854**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	10	4	_____ hr. _____ min.

9. Birthplace **Unknown** **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Drillman**

11. Industry or business _____

MOTHER FATHER

12. Name **Joseph Flory**

13. Birthplace **France**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Richards**

15. Birthplace **France**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Kate Flory**

(b) Address **1931 Orner, Carthage, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 3, 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Park cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage, Missouri**

19. (a) **June 3, 1942** (Date received local registrar) (b) **Elizabeth Complin** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1**
year **1942** hour **7:15** minute **A** M.

21. I hereby certify that I attended the deceased from **Feb 12** 19**42** to **June 1** 19**42**
that I last saw him alive on **May 21** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **hypertensive heart disease**

Due to **arterio sclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93d**

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **R. A. Webster** (M. D. or other) **June 3,**
Address **Carthage, Mo.** Date signed **June 3,**

42.6.563

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 John D. Batchelder
Licensed Embalmer No. 4153

P. O. Address Carthage 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.