

FILED NOV 14 1942

Registration District No. 69

Primary Registration District No. 5272

Registrar's No. 1P

22
00

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

1. PLACE OF DEATH: Christian Mo

(a) County _____

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

(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

2. USUAL RESIDENCE OF DECEASED: 22

(a) State Missouri (b) County Christian 0

(c) City or town Republic Mo Rt 2 0
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME John Franklin Flower

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1942 hour 6 PM minute _____ M.

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Leda A Flower 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: May 11 1974
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 13 1942 to Oct 13 1942
that I last saw him alive on Oct 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull Duration _____

8. AGE: Years 68 Months 4 Days 13 If less than one day
hr. _____ min. _____

Due to Kick by a Horse in right side of front of Head

Due to _____

9. Birthplace West Hope Henry Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farming

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name David W Flower

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

14. Maiden name Primmer

15. Birthplace Big Springs Ohio
(City, town, or county) (State or foreign country)

Major findings: Of operations none 175

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant G. E. Flower

(b) Address West Plains Mo.

17. (a) _____ (b) Date thereof Oct. 15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill cem.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no 022

(b) Date of occurrence _____

(c) Where did injury occur? Oct 13-42 Christian Co Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at Barn of Charles Miller

18. (a) Signature of funeral director R. E. Thurman

(b) Address Republic Mo

19. (a) Oct 15 (b) Margaret Spaw
(Date received local registrar) (Registrar's signature)

While at work? yes (Specify type of place) (e) Means of injury 0

Signature E L Beal (M. D. or other) _____

Address Republic Mo Date signed 10/15/42

RECEIVED

District Health Officer No. 6,

District File Number 1142-1613

Date Filed NOV 12 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.