V. S. No. 2
1—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1942

Registration District No. 236

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38331

State File No.

Primary Registration District No. 6209

Registrar's No. 36

107
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1. PLACE OF DEATH:

(a) County TEXAS

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

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 84 YRS

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS

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

(d) Street No. 1 MI. N. CLARA, MO
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN FRANKLIN FLOWERS

8. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife SUSIE FLOWERS

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased APRIL (Month) 19 (Day) 1858 (Year)

8. AGE: Years 84 Months 6 Days 17 If less than one day hr. min.

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER 12. Name WILLIAM FLOWERS

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

MOTHER 14. Maiden name MADALIN FLOWERS

15. Birthplace TENN. /
(City, town, or county) (State or foreign country)

16. (a) Informant EM. FLOWERS

(b) Address HOUSTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/8/42 (Month) (Day) (Year)

(c) Place: burial or cremation UNION

18. (a) Signature of funeral director Saylor V. Elliott

(b) Address HOUSTON, MO

19. (a) 11-18-42 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 6 1942 year 2 hour 20 minute P. M.

21. I hereby certify that I attended the deceased from JULY 1, 1942, to NOV 6, 1942, that I last saw him alive on NOV. 5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	48 Hrs
Due to: Chronic parenchymatous nephritis	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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 Henry R. Rosy (M. D. or other) D.O.

Address Houston, Mo Date signed 11-7-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File No. 12421038
Date Filed 12-7-42

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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, above space should be left blank.