

FILED JAN 29 1943

Registrar District No. 13

Primary Registration District No. 42112

Registrar's No. ....

114  
0

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

1. PLACE OF DEATH:

(a) County WRIGHT  
(b) City or town Mt. Grove  
(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:

(a) State Missouri (b) County Wright  
(c) City or town Mountain Grove  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Ulyss S. Flacy

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Blara Flacy  
6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased April 11 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 2  
If less than one day ..... hr. .... min.

9. Birthplace Kansas City no  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

12. Name Albert Flacy  
13. Birthplace Belgium  
(City, town, or county) (State or foreign country)  
14. Maiden name Rosalie Pauldemont  
15. Birthplace Belgium  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Johnson Flacy  
(b) Address 12th Street, no  
17. (a) Burial (b) Date thereof Jan 15 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director .....  
(b) Address .....

19. (a) ..... (b) Ruby H. Perry  
(Date received local registrar) (registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13  
year 1943 hour 5 o'clock minute ..... M.

21. I hereby certify that I attended the deceased from Jan. 7 1943 to Jan. 13 1943  
that I last saw him alive on Jan 12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Mesentery

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations .....  
Of autopsy .....

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 Ruby H. Perry (M. D. or other) .....  
Address 12th Street, no Date signed 1-15-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

49  
12943

10410

JAN 29 1968

**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..... *Russell Bodin* .....  
Licensed Embalmer No..... *3848* .....  
P. O. Address..... *Mt. Grove, Pa* .....

**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.**