

ED MAY 10 1948 358

Registration District No.

Primary Registration District No. 6214

1. PLACE OF DEATH:

(a) County Hernon
(b) City or town Dedrick, Clearfork Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home
(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 Hernon
(c) City or town Dedrick
(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 ✓

3. (a) PRINT FULL NAME Lou Ella Flynn

3. (b) If veteran, name war None 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles W. Flynn 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased: Nov. 6 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 17 If less than one day
.....hr.min.

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

10. Usual occupation Homekeeper

11. Industry or business

12. Name William E. Dimsted

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

14. Maiden name Martha Jane Chelley

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

16. (a) Informant Charles W. Flynn

(b) Address Dedrick, Mo.

17. (a) Burial (b) Date thereof Apr. 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lester Cemetery

18. (a) Signature of funeral director Alvin C. ...

(b) Address Neaddy, Mo.

19. (a) 7-28-48 (b) Walter H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1948 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from April 16
1948 to April 23, 1948
that I last saw her alive on April 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus and adnexa
Due to death known - patient came under my care in last stage of disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&H

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 W. B. Davis (M. D. or other)
Address Walker, Mo. Date signed 4/21-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

FEB 25 1949

RECEIVED
District Health Officer No. 7,
District File Number 4-43-213
Date Filed 5-7-43

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 Mack A. Braswell

Licensed Embalmer No. 2529

P. O. Address Nevada 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.