

SEP 1 1943 318

State File No. _____
Registrar's No. 7837

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sue Flinn
3. (b) If veteran, name war None 3. (c) Social Security No. Ncne

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 26, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 4 _____ hr. _____ min.

9. Birthplace Iowa Point Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business Retired

12. Name Martin B. Flinn

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

14. Maiden name Sarah Dutton

15. Birthplace Iowa Point Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Yula Powell
(b) Address Tulsa, Oklahoma

17. (a) Burial (b) Date thereof Sept 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Oklahoma

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.

19. (a) 1 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30, 1943
year 43 hour 7 minute 00 P. M.
21. I hereby certify that I attended the deceased from Oct 8, 1942
_____ 19____, to Aug 30, 1943

that I last saw her alive on Aug 30, 1943,
and that death occurred on the date and hour stated above.
Immediate cause of death: Myocardium Chronic
Causes of liver
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration _____
10 min

Major findings: _____
Of operations _____
Of autopsy Cholelith - Carcinoma
of liver - Multiple bile stones

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 Folger E Warner (M. D. or other) MD
Address Paul Horn Bldg 522 Date signed July 31-43

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

Dr. W. W. W. W.
1116 Paul Brown Bldg
9th St
2 P.M.

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.....

J. Allen Davis Jr

Licensed Embalmer No..... *4053*

P. O. Address..... *Cal*

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.