

FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3842

Registrar's No. 208

Registration District No. 157

Primary Registration District No. 3028

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution: M^Y CUNE - BROOKS HOSPITAL
(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 NEWTON

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

(d) Street No. GRANBY MO. R#1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PANSY FLANNAGAN

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

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 JANUARY 9 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

34 9 28 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Names JAMES SYDNEY FLANNAGAN

{ 13. Birthplace St. Louis MISSOURI
(City, town, or county) (State or foreign country)

{ 14. Maiden name SAMANTHA ANNA GARNER

{ 15. Birthplace NEWTON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Flannagan

(b) Address Granby Mo. R#1

17. (a) burial (b) Date thereof 11-6-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meosho Mo

18. (a) Signature of funeral director Carley Thompson

(b) Address Meosho Mo

19. (a) Nov 6, 1943 (b) Elizabeth Cooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 6
year 1943 hour 10:30 minute any M.

21. I hereby certify that I attended the deceased from Aug 6 1943 to Nov 6 1943
that I last saw h^e alive on Nov 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 15 min.

Duration _____

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 W. Russell
Address Carthage Mo. Date signed 11-6-43

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

43-11-996

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.....

Berney Thompson

Licensed Embalmer No. *3259*

P. O. Address. *Neosho 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.