. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7683

State File No.

Registration District No. 187 Primary Registration District No. 3060 Registrar's No. 22

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1319 Calhoun St
(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)
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Poweshiek
(c) City or town Grinnell
(If outside city or town limits, write "RURAL")
(d) Street No. 1319 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Flora Maria Rivers
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 21 (Day) 1865 (Year)
8. AGE: Years 78 Months 8 Days 5 If less than one day hr. min.
9. Birthplace Poweshiek Co Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name James A. Spillman
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Don't Know
15. Birthplace North Carolina (City, town, or county) (State or foreign country)
16. (a) Informant C. M. Livingston
(b) Address Chillicothe Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Grinnell Iowa
18. (a) Signature of funeral director J. Bischell 3227
(b) Address Chillicothe Mo.
19. (a) Feb 27 1944 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1944 hour 10 30 minute A M.
21. I hereby certify that I attended the deceased from Feb 26 1944 to Feb 26 1944 that I last saw her alive on Feb 26 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	few minutes
Due to Hypertension	?
Due to arteriosclerosis	?
Other conditions (Include pregnancy within 3 months of death)	

83a

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. A. Brennan (M. D.)
Address Chillicothe Mo Date signed 2/26/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Was Embalmed....., Registered Apprentice No.....

working under my personal supervision.

Signed.....E Bickett

Licensed Embalmer No.....3227

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.