. No. 2
—1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18441

FILED JUN 7 1944

Registration District No. 1724

Primary Registration District No. 3034

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville, Mo. ~~Rural~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town H - R
(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

3. (a) PRINT FULL NAME Betty May Flandermeyer

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex F. 1

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife XX

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased May 22, 1944 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 1 hr. 20 min.

9. Birthplace Higginsville, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XXXX

FATHER
12. Name Clarence Flandermeyer
13. Birthplace Concordia, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edna Bredenoert
15. Birthplace Alma, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Flandermeyer
(b) Address Higginsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Ernestville, Cemetery

18. (a) Signature of funeral director Alb. Hafs Kemp
(b) Address Higginsville, Mo.

19. (a) 5-23-1944 (Date received local registrar) (b) Dr. W. A. Braeckleine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1944 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 22, 19 44, to May 22, 19 44 that I last saw her alive on May 22, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity 6 months — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

159

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 0

23. Signature E. M. Moore (M. D. or other)
Address Higginsville, Missouri Date signed 5-23-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-6-47

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.....
Not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed Forrest J. Hogan

Licensed Embalmer No. 4358

P. O. Address Higginsville Mo.

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

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