V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21304

Registration District No. 59 — Primary Registration District No. 5227 — Registrar's No. 92

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Rural Precinct Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cass
(c) City or town: Harrisonville (Rural) (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: D

1900

3. (a) PRINT FULL NAME: ANNIE FLOOK
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: Widowed
6. (b) Name of husband or wife: Geo L Flook
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov (Month) 14 (Day) 1856 (Year)

8. AGE: Years 87 Months 6 Days 18 If less than one day hr. min.

9. Birthplace: Cass Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: patient at Co Home
11. Industry or business:
MOTHER FATHER
12. Name: Elijah B Hammontree
13. Birthplace: Jackson Co (City, town, or county) Tenn (State or foreign country)
14. Maiden name: Margaret Hendrix Diamond
15. Birthplace: Cass Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs A S Hammontree
(b) Address: Harrisonville Mo.
17. (a) buried (Burial, cremation, or removal) (b) Date thereof June 4 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Ridge Cmty
18. (a) Signature of funeral director: RUNNENBURGER'S
(b) Address: HARRISONVILLE, MO.
19. (a) June 6, 1944 (Date received local registrar) (b) Margaret Valle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1944 hour 2 P.M. minute M.
21. I hereby certify that I attended the deceased from May 15 - 1944, to June 2 1944
that I last saw her alive on June 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy & Senile debility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

$30

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: E. M. Leffler (M. D. or other)
Address: Harrisonville Date signed June 6/44

1047

(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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Ernest Rannenberger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.