

FILED AUG 4 1944

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 251

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 2116 East Broadway
(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 twelve years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 2116 East Broadway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Helen Elizabeth Flessa

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1944 hour 1:20 minute A. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Flessa 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased: August 6, 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20, 1944, to July 25, 1944; that I last saw her alive on July 24, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death myocardial and sugar diabetes

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>11</u>	<u>19</u>	hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 61

9. Birthplace unknown, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Flessa (Step-son)

(b) Address 1617 E. Brdwy. Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/44
(Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Dwaine Ewing

(b) Address Sedalia, Mo.

19. (a) 7/26/44 (b) Anna Berger
(This received local registrar) (Registrar's signature)

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)

(g) Means of injury _____

23. Signature W. J. Bishop (M. D. or other) _____

Address Sedalia, Mo. Date signed 7-26-44

1022

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

64

Dr. Bishop

A. Bishop

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 8-26-47

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

Signed *Duane Ewing*
Licensed Embalmer No. 3847
P. O. Address *Siddin Md*

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.