S. No. 2
M—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN. 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41461

Registration District No. 383 — Primary Registration District No. 5655 — Registrar's No. 160

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon Twp 3 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 134 days (Specify whether In this community 134 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town St. James (If outside city or town limits, write "RURAL") 3

(d) Street No. (If rural, give location) 0

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

If yes, name country 1

3. (a) PRINT FULL NAME Thomas Washington Flanagan

3. (b) If veteran, name war No

3. (c) Social Security No. 492-12-7472

4. Sex 0 Male

5. Color or race White

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

6. (b) Name of husband or wife Phoebe Neil

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March (Month) 7 (Day) 1885 (Year)

8. AGE: Years 59 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Buffalo (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Clark Barret Flanagan
13. Birthplace Dallas County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Phoeba Askew
15. Birthplace Mount Vernon (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 13 1944 (Month) (Day) (Year)

(c) Place: burial or cremation St. James Mo.

18. (a) Signature of funeral director Lickleder Funeral Home

(b) Address St. James Mo.

19. (a) 12/26/44 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13 year 1944 hour 12 minute 10 a M.

21. I hereby certify that I attended the deceased from August 2, 1944 to Dec. 13, 1944; that I last saw him alive on December 13, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	Over 3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 b

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. G. Shirey (M. D. or other)

Address State Sanatorium Date signed 12-13-44

1338

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 145-81
Date Filed JAN 12 1945

JAN 17 1945

JAN 26 1945

FEB 5 1945

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 Max L. Fawcett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon 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.