

Registration District No. _____ Primary Registration District No. 5777

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural - (Equality) Mo
(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 _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Juscumbia - Rt 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES PATTERSON FLAUGHER

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Melinda Flaugher 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 15 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name James Flaugher

13. Birthplace Miller Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Varner

15. Birthplace Miller Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Melinda Flaugher
(b) Address Juscumbia Mo

17. (a) Rural (b) Date thereof 12-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Juscumbia - Mt Zion Church

18. (a) Signature of funeral director G. B. Casey
(b) Address Horra, Mo
19. (a) Dec. 27, 1944 (b) Mrs. Richard L. Wright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1944 hour _____ minute 10 M.

21. I hereby certify that I attended the deceased from Dec 1, 1944, to Dec 21, 1944
that I last saw him alive on Dec 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach
adjuvant Radiation

Due to _____
Due to _____
Other conditions H
(Include pregnancy within 3 months of death)

Major findings: Of operations H6
Of autopsy _____

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) (c) Means of injury _____

23. Signature M. E. Humphrey (M. D. or other) P.O.
Address Juscumbia, Mo. Date signed 12/25/44

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

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

600

RECEIVED

Miller County Health Dep't.

County File Number 42-7

Date Filed 1-3-43

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 Chasey.....

Licensed Embalmer No. 2694.....

P. O. Address Merri 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.