

FILED MAY 29 1945

State File No. _____

Registration District No. 231

Primary Registration District No. 5811

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural Montgomery 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 Missouri (b) County Montgomery
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles west Montgomery Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margrette E. Flood

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 10 th 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 22 hr. min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name John C. Flood
13. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)
14. Maiden name Jane Worland
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant B.J. Flood
(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 4-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation World Cemetery

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 5/24/45 (b) Mrs C. E. Vandave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-2-45 day
year _____ hour _____ I minute _____ P. M.

21. I hereby certify that I attended the deceased from March
1944 to March 2 1945
that I last saw her alive on March 31, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration 2 DAYS
Due to Secondary Bronchial Pneumonia 2 days
Due to Influenza 7 days

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

Major findings: Of operations g2d PHYSICIAN _____
Of autopsy _____ 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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. H. Chan (M. D. or other) D. O.
Address Montgomery City Mo Date signed 4/5/45

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

70
100
0

RECEIVED

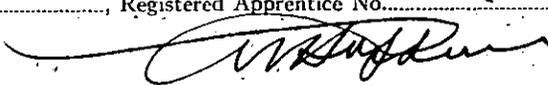
District Health Officer No. 9,

District File Number.....

Date Filed 5-28-45

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 on the 2nd
day of April 1945....., Registered Apprentice No.....
working under my personal supervision.

Signed .....
C. W. Hopkins

Licensed Embalmer No. 1487.....

P. O. Address Montgomery City 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.