S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30291

FILED OCT 10 1945

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 282

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: Home - 201 S. Frederick (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community about 4 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 201 S. Frederick (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ARTHUR BENJAMIN FLOWERS

3. (b) If veteran, name war —

3. (c) Social Security No. 498-14-8048

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nattie May Flowers

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Sept. (Month) 25 (Day) 1895 (Year)

8. AGE: Years 49 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Cape Girardeau Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Leming Lumber Mill Co

FATHER
12. Name Larry B. Flowers
13. Birthplace — (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Evelyn Ross
15. Birthplace — (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Nattie May Flowers

(b) Address Cape Girardeau, Mo. 201 S. Frederick

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Memorial Park

18. (a) Signature of funeral director Leroy S. Morgan

(b) Address Advance, Mo.

19. (a) 9-10-45 (Date received local registrar) (b) F. W. Chelps (Registrar's signature)

1014

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3 year 1945 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 9-1, 1945, to 9-3, 1945, that I last saw him alive on 9-3, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary TB	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 13	

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 A. Smith (M.D. or other) MD

Address Cape Girardeau Mo. Date signed 9/6/45

(Licensed Embalmer's Statement on Reverse Side)

...IVED

...ty Health Officer No. 4

District File Number 1045-1148

Date Filed 10-6-45

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 Floyd S. Morgan, Registered Apprentice No. ....., working under my personal supervision.

Signed Floyd S. Morgan

Licensed Embalmer No. 2261

P. O. Address Advance, 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.