

FILED JUN 20 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
437 N. Moffet
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 19 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**
(c) City or town Joplin **2**
(If outside city or town limits, write "RURAL")
(d) Street No. 437 N. Moffet Ave **5**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **3**
If yes, name country _____

3. (a) PRINT FULL NAME Raymond Flick

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 13 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 6 16 hr. min.

9. Birthplace Agenda Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Secy #44#4444

11. Industry or business Empire District Ele Co

MOTHER FATHER { 12. Name Harry Flick **9**
13. Birthplace unknown (State or foreign country)
14. Maiden name Eva Burgess (State or foreign country)
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace Flick
(b) Address 437 N. Moffet

17. (a) burial (b) Date thereof May 21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Mo

19. (a) 5/22/46 (b) Ed James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1946 hour 9 minute 8 A. M.

21. I hereby certify that I attended the deceased from 2-9 1946 to 5-19 1946
that I last saw him alive on 5-19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the colon. **2/9/46**
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____
23. Signature [Signature] (M. D. or other) **MD**
Address Joplin Mo Date signed 5/22/46

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

1901

46-5-446

APR 24 1946

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..... *David Gillon*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, 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.