

FILED AUG 28 1946
Registration District No. 128

Primary Registration District No. 2000

State File No. _____
Registrar's No. 675

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
971 North Robberson (residence)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 971 North Robberson 6
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. NETTIE FLUMMERFELT

3. (b) If veteran, name war NONE 3. (c) Social Security No. UNK.

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

6. (b) Name of husband or wife John W. Flummerfelt 6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased April 28, 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Daves County Indiana /
(City, town, or county) (State or foreign country)
Home

10. Usual occupation _____

11. Industry or business _____

12. Name George N. Myers

13. Birthplace Unknown Ohio /
(City, town, or county) (State or foreign country)

14. Maiden name Sarah York
15. Birthplace Unknown Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Flummerfelt (hus)

(b) Address 971 North Robberson, SPED, MO
17. (a) Burial (b) Date thereof 8-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
(b) Address SPRINGFIELD, MISSOURI

19. (a) 8-16-46 (b) or W. J. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1946 hour 2:22 P.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from about 14
_____ 19 _____ to 8/14/1946 19 46
that I last saw her alive on 8/14/46 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus and adjacent tissues as Sigmoid & bladder Duration 142

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 481

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) (e) Means of injury: 0

23. Signature C. E. Fuller (M. D. or other) _____

Address Springfield Mo Date signed 8/15/46

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

25676

1978 86-1110

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 L. C. Roof

Licensed Embalmer No. 3044

P. O. Address Springfield, 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.

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