

FILED DEC 9 1947 *56*
Registration District No.

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 **St Johns Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **1 month**
(Specify whether
In this community **Lifetime**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** *49*
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **Mallory Apt, 5th and Penn**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Madalyn Catherine Fligger**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married; divorced **married**
6. (b) Name of husband or wife **Raymond** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **August 19 1909**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 2 0 hr. min.

9. Birthplace **Fort Smith Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business **Housewife**

12. Name **George Bennett**

13. Birthplace **Fort Smith Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Blacksher**

15. Birthplace **Fort Smith Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oscar W. Blacksher**
(b) Address **Monett, Missouri**

17. (a) **Burial** (b) Date thereof **Oct 21-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **Old Fellow Cemetery, Monett**

18. (a) Signature of funeral director **Joplin, Missouri**
(b) Address **10 21-47 Dolores Lampton**

19. (a) **10 21-47** (b) **Dolores Lampton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **20th**
year **1947** hour **1** minute **55** a. M.

21. I hereby certify that I attended the deceased from **September 20**, 19**47**, to **Oct 20**, 19**47**, that I last saw her or alive on **Oct 19**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Circulatory failure** *4 hrs.*

Due to **Pneumonia, Rt lung** *3 wks.*

Due to

Other conditions **Collapse of left lung**
(Include pregnancy within 3 months of death)
(Hypertension, the aorta)

Major findings: Of operations: **3 B**

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?

Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

Signature **Eugene H. Hamilton** (M. D. or other) **M.D.**

Address **1021 1/2 S. Joplin Mo.** Date signed **10-20-47**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

DR. E. F. HAMILTON

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 Calvin M. Dungey
Licensed Embalmer No. 3566

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.