No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41383

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 1092

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

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: St. John Hosp. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 Minutes (Specify whether
In this community: 25 Years
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.: 603 W. Mt. Vernon 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: James G. Flingos
3. (b) If veteran, name war: UNKNOWN
3. (c) Social Security No.: UNKNOWN
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife: NONE
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 25 (Day) 1879 (Year)

8. AGE: Years 68 | Months 6 | Days 22 | If less than one day: hr. min.

9. Birthplace: Kaliana (City, town, or county) Greece (State or foreign country) 6
10. Usual occupation: Cook
11. Industry or business: St. Louis Street Coffee Shop

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Clark Howell
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 12-19-47 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1947 hour 6 minute 30p. M.

21. I hereby certify that I attended the deceased from Unattended 19 by to physician 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: probably Coronary Thrombosis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

C/4 X

PHYSICIAN — Underline the cause of 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) 8
While at work? (e) Means of injury 8

23. Signature: W. E. Handley local registrar (M. D. or other)
Address: Springfield MO Date signed: 12/18/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Walter E Hamilton

Licensed Embalmer No. 3808

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.