No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42553

FILED JAN 7 1948

Registration District No. 268 Primary Registration District No. 5905 Registrar's No. 33

1. PLACE OF DEATH:
(a) County Pemiscot (Cushion Lake)
(b) City or town Portageville (RURAL) MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 78
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lula Flynn
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Flynn
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE: Years About 64 Months Days If less than one day ..... hr. ..... min.

9. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
10. Usual occupation Formally - housewife
11. Industry or business .....
FATHER
12. Name Willard Palmer
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)
16. (a) Informant John Flynn 1
(b) Address Portageville, Mo
17. (a) Burial (b) Date thereof Nov. 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cemetery
18. (a) Signature of funeral director De Lisle Funeral Parlor
(b) Address Portageville, Mo
19. (a) 12-4-47 (b) Mrs H. Gullett 388
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov., day Ist
year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ~~Nov., Ist, 1947~~ 20 Oct., 31, 47 only, 19....;
that I last saw her alive on Nov., Ist, 1947, 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial weakness — Duration
Due to Mal nutrition & anaemia
Due to General dyscrsiawith paralysis of 3 limbs & loss of speech of 4 years duration.
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations As above mentioned
Of autopsy No

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)
While at work? ..... (e) Means of injury .....

23. Signature A A Reeder (M. D. or other)
Address Portageville, Mo Date signed .....

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

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

1-48-6

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.....

Licensed Embalmer No.....

P. O. Address.....

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.