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UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4405**
Registrar's No. **16**

Registration District No. **78**

Primary Registration District No. **5363**

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town "Rural" Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
10 Miles N. W. Gallatin, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community About 3 Years
years, months or days

3: (a) PRINT FULL NAME Robert Hutchison Flanery
 3. (b) If veteran, name war None | 3. (c) Social Security No. None

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Minnie Flanery | 6. (c) Age of husband or wife if alive Dec'd years
 7. Birth date of deceased April 12 1871
(Month) (Day) (Year)

8. AGE: Years 76 | Months 10 | Days 2 | If less than one day _____ hr. _____ min.

9. Birthplace: Jackson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: General Farming

MOTHER FATHER
 { **12. Name:** Duke Simpson Flanery
 { **13. Birthplace:** Jackson County Missouri
(City, town, or county) (State or foreign country)
 { **14. Maiden name:** Anna Best
 { **15. Birthplace:** Clay County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Ralph Flanery
(b) Address: Gallatin, Missouri

17. (a) Burial Liberty Missouri | **(b) Date thereof:** 2-16-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Hope Funeral Home

18. (a) Signature of funeral director: _____
(b) Address: Gallatin, Missouri

19. (a) 19 Feb 1948 | **(b) Virginia M. Engelbert**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri | (b) County Daviess **31**
 (c) City or town "Rural" Jefferson Twp. **6**
(If outside city or town limits, write "RURAL")
 (d) Street No. 10 Miles N.W. Gallatin, Mo. **0**
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
 year 1948 hour 7 minute 25 **A.M.**

21. I hereby certify that I attended the deceased from Feb 12
1948, to Feb 14, 1948
 that I last saw him alive on Feb 14, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver + stomach **Duration** _____

Due to Secondary aneurysm

Due to _____

Other conditions H/D
(Include pregnancy within 3 months of death)

Major findings: _____ **PHYSICIAN**
 Of operations _____
 Of autopsy _____
 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) (c) Means of injury 2

23. Signature: H. Gallatin **23** | **(b) or other:** _____
 Address Gallatin, Mo. Date signed 2/19/48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

L. O. Picherson

Licensed Embalmer No. *3302*

P. O. Address

Galathea, 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.