

S. No. 2
 1-12-45
 S-17-39
 I X47070

5736

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAR 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 274

Primary Registration District No. 5935

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: R.F.D. #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 53 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
 (c) City or town Sedalia 0
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. #1 0
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANNA MARY FLAMMANG
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
 year 1948 hour 3:00 minute A. M.
 21. I hereby certify that I attended the deceased from 1940 to Feb 12 48
 that I last saw her alive on Feb 1 1948
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Anton Flammanq
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 1 1861
(Month) (Day) (Year)

Immediate cause of death
Semibily Anterior dermosis

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>3</u>	<u>12</u>	hr. _____ min.

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

9. Birthplace Hilbertsville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Mathias Appel
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Blunda
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____

16. (a) Informant Matt Flammanq
 (b) Address Sedalia R.F.D. #1 Mo.

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) _____ means of injury _____

17. (a) Removal (b) Date thereof 2-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hilbertsville Iowa

18. (a) Signature of funeral director McLaughlin Bros
 (b) Address Sedalia Mo.

23. Signature A. L. Walter (M. D. or other) MD.
 Address Sedalia Mo Date signed 2-12-48

19. (a) 2-14-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-3-42

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

KPM Lrary

Licensed Embalmer No.

3153

P. O. Address

Sedalia 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.