S. No. 2
—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11769

Registration District No. 52 — Primary Registration District No. 5183 — Registrar's No. 38

16
0
0

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural, Byrd Tow
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Mo R#2
(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 Missouri (b) County Cape Girardeau
(c) City or town Rural Byrd Tow
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson Mo R#2 16
(If rural, give location) 0
(e) Citizen of foreign country? no, (Yes or No)
If yes, name country 0

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

4. Sex F 1 — 5. Color or race W. — 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Fluggee — 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Jan (Month) 4 (Day) 1873 (Year)

8. AGE: Years 75 — Months 4 — Days 1 — If less than one day ..... hr. ..... min.

9. Birthplace Gordonville Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business .....
FATHER
12. Name Henry Nagel
13. Birthplace Gordonville Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Kortha Bloos,
15. Birthplace Gordonville Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Alvin Fluggee
(b) Address Gordonville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Tilsit Lutheran Cemetery
18. (a) Signature of funeral director McCombs Funeral
(b) Address Jackson Mo
19. (a) 5-6-48 (Date received local registrar) (b) D. G. Sutton (Registrar's signature) 42

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 1, 1946 to May 5, 1948 that I last saw her alive on May 4, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myo Carditis	2 yrs
Due to Dont Know	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0
23. Signature D. G. Sutton (M. D. ~~or other~~)
Address Jackson Mo Date signed 5-4-48

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

RECEIVED

District Health Officer No. 4

District File Number 548-6

Date Filed 5-12-

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 B. A. Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.