. 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. 30087

FILED OCT 1 1948

Registration District No. 297 — Primary Registration District No. 3028 — Registrar's No. 208

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 316 S. Fulton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No (Specify whether
In this community: 4 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 316 So. Fulton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: George Edwin FLEWELLING
3. (b) If veteran, name war: No
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: Ada Wells Flewelling
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 16 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	0	2	hr. min.

9. Birthplace: Ontario, (City, town, or county) Canada (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: None

MOTHER FATHER
12. Name: Charles Flewelling
13. Birthplace: Unknown (City, town, or county) England (State or foreign country)
14. Maiden name: Elydia Capbell
15. Birthplace: Unknown (City, town, or county) England (State or foreign country)

16. (a) Informant: Elmer Flewelling
(b) Address: Waco, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Nevada, Mo.
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) 9-21-1948 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18th, year 1948 hour 8:00 minute P. M.
21. I hereby certify that I attended the deceased from Aug. 15, 1948 to Sept. 18, 1948 that I last saw him alive on Sept. 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart Disease — Duration
Due to:
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? (Specify) Means of injury:
23. Signature: Dr. C. C. Coates (M. D. or other)
Address: Frisco Bldg. Joplin, Mo. Date signed: 9-20-48

Jefferson City Printing Co. 139 (Licensed Embalmer's Statement on Reverse Side)

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

48-9-797

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 John S. Dennehy
John S. Dennehy
Licensed Embalmer No. 4194

P. O. Address Carthage, 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.