REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15173
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston — Registration District No. 508
(b) Township — Primary Registration District No. 3026 — Registered No. 234
(c) City Chillicothe — (d) Street No. 428 Washington Street St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Vera Frances Flenniken
(a) Residence, No. 1½ Mile N.E. Mooresville, Mo. St. — Mooresville, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. A. Flenniken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
49	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Gallatin (STATE OR COUNTRY) Missouri

FATHER
13. NAME Francis Cook
14. BIRTHPLACE (CITY OR TOWN) Gallatin (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Dora Arnie
16. BIRTHPLACE (CITY OR TOWN) Mooresville (STATE OR COUNTRY) Missouri

17. INFORMANT L. A. Flenniken (ADDRESS) Mooresville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mooresville DATE May 10, 1938

19. FUNERAL DIRECTOR F. B. Norman (ADDRESS) Chillicothe, Missouri

20. FILED 5/9, 1938 Donald M. Dowell M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch. 27, 1938, to 5-8-38.
I last saw her alive on 5-7-38. Death is said to have occurred on the date stated above, at 4:15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	

Other contributory causes of importance: Emphysema Gall Bladder

Name of operation Removal Gall Bladder Date of 3-30-1938
What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Reuben Barney M.D. M. D.
(Address) Chillicothe Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, F. B. Norman, Licensed Embalmer No. 1404

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. R. Norman

L. E.

No. 2374 or by, Registered Apprentice No.

working under my personal supervision.

Signed F. B. Norman

Licensed Embalmer No. 1404

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)