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.

REC'D JAN 20 1939

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

44647
Do not use this space.

1. PLACE OF DEATH
(a) County Shelby 3 Registration District No. 831
(b) Township Black Creek 1 Primary Registration District No. 6092 Registered No.
(c) City (d) Street No. 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 460 Willa Ellen Flowerree
(a) Residence, No. County Home St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15-1875
7. AGE YEARS 63 MONTHS 1 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) (STATE OR COUNTRY) Shelby Co. Mo.

FATHER
13. NAME Benjamin Franklin Flowerree
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co. Mo.

MOTHER
15. MAIDEN NAME Susan Anne White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

17. INFORMANT (ADDRESS) J. B. Flowerree Philadelphia, Mo.
18. BURIAL, CREMATION, OR REMOVAL Marion Co. Mo.
PLACE Bethany Cemetery DATE Dec 22 1938
19. FUNERAL DIRECTOR (ADDRESS) E. P. Thompson Shelbyville, Mo.
20. FILED Dec 20 1938 Pearl Gae Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1938, to Dec 20, 1938
I last saw her alive on Dec 19, 1938. Death is said to have occurred on the date stated above, at 3:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia fever	Dec 14 1938

Other contributory causes of importance:

Chronic myocarditis	about 1936

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) H. J. LeFevre, M. D.
748 (Address) Shelbyville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-38-1039
Date Filed 1/10/39

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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