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

REC'D FEB 21 1939

1802
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway 3 Registration District No. 104
(b) Township or (c) City Fulton 1 Primary Registration District No. 3008 Registered No. 26
(d) Street No. State Hospital # 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. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 453 Eldon Flinn
(a) Residence, No. Stewartsville Mo St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	D.C.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ?

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
about 55			

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. D.K.
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) D.K.

FATHER
13. NAME D.K.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER
15. MAIDEN NAME D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewartsville Mo DATE Jan. 21 1939

19. FUNERAL DIRECTOR (NAME) Leo D. Wallace (ADDRESS) Fulton, Mo

20. FILED Jan 20, 1939 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to Jan 18, 1939.
I last saw h... alive on Jan 18, 1939. Death is said to have occurred on the date stated above, at 3:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
Arteriosclerosis, Cyclosis, Hypertension, & Senility

Name of operation ..... 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) ..... M. D.
(Address) State Hospital # Fulton Mo

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.

(Licensed Embalmer's Statement on Reverse Side)

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..... Harold Christer

Licensed Embalmer No..... 4002

P. O. Address..... Dalton, Ga

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

If this body is not embalmed, above space should be left blank.