

REC'D JUN 21 1939

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

18496
Do not use this space.

1. PLACE OF DEATH

(a) County De Kalb Co 1 Registration District No. 260
(b) Township Adams Grand River Registration District No. 3363
(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 yr. 6 mos. 7 ds. 26 How long in U. S., if of foreign birth? yr. mos. ds.

2. PRINT FULL NAME

FLOPA, M. OSBORN
(a) Residence, No. _____ 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Breeley Fitzgerald
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 90-6-25-1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 61 7 26
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 life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron, Mo
13. NAME L. J. Carmichael
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
15. MAIDEN NAME Pluche Owen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron, Mo
17. INFORMANT (ADDRESS) C. W. Johnson
18. BURIAL, CREMATION, OR REMOVAL PLACE Wamsley DATE 5-22-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo E Daniel Weatherby Mo
20. FILED 5-25-39 J. H. McMill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1939
22. I HEREBY CERTIFY, That I attended deceased from May 21 1939, 19____
I last saw her alive on May 21 1939, 19____. Death is said to have occurred on the date stated above, at 7:20 a.m.
The principal cause of death and related causes of importance were as follows:
Epilepsy Date of onset _____
Chronic Myocarditis
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Dr. R. R. Reynolds
(Address) Marionville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 11,
District File Number 39-664
Date Filed JUN 10 1939

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 myself,
....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo E Daniel
Licensed Embalmer No. 3300
P. O. Address Whomertville 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, above space should be left blank.