

APR 18 1940

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

12617
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 875-837
(b) Township Castor Primary Registration District No. 4508 Registered No. _____
(c) or City Bloomfield (d) Street No. 2 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 Hugh M. Flanary

(a) Residence, No. Bloomfield 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Lulu Barret Flanary
WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 5 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Office Manager

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) Waverly 1
(STATE OR COUNTRY) Tennessee

13. NAME Isac Edward Flanary

14. BIRTHPLACE (CITY OR TOWN) Illinois 1
(STATE OR COUNTRY)

15. MAIDEN NAME Marguerite Johnson

16. BIRTHPLACE (CITY OR TOWN) Tennessee 1
(STATE OR COUNTRY)

17. INFORMANT Miss. Gussie Flanary
(ADDRESS) Bloomfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield Cem. DATE 3-18-40, 1940

19. FUNERAL DIRECTOR (NAME) Chiles Und. Co.
(ADDRESS) Bloomfield, Mo.

20. FILED Mar-20 1940 Soome Purcell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Bloomfield, 1940
I last saw him alive on March 16, 1940. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
second attack
of 20
Other contributory causes of importance:
Previous light attack
about 6 months past

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? No
If so, specify _____
(Signed) [Signature] M. D.
(Address) Bloomfield, 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.

RECEIVED

District Health Officer No. 2

District File Number 440-92

Date Filed 4/9/40

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..... *Irvin Clifton Cooper*

Licensed Embalmer No. 4119

P. O. Address..... *Bloomfield, 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.