

Registration District No. **431** Primary Registration District No. **5588** Registrar's No. **53**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Warrensburg - Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **75 yrs** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson 51**
(c) City or town **Warrensburg - Rural - 2**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural - 0** (If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April 9**, day _____
year **1941** hour **6:30** minute **P. M.**
21. I hereby certify that I attended the deceased from **April 9**
19 **41** to **April 9, 1941**
that I last saw her alive on **April 9**, 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Spontaneous pneumonia** Duration **3 days**

Due to **Renal Crisis vascular disease** 10 yrs

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death) **12/2**

Major findings: Of operations **No operation**
Of autopsy **not done**

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Sarah Ellen Flassing**

8. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 2 - 1856**
(Month) (Day) (Year)

8. AGE: Years **85** Months **0** Days **7** If less than one day hr. min.

9. Birthplace **Brown Co. Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business _____

12. Name **Ferdinand Flassing**
13. Birthplace **Petersburg, Illinois Austria 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Theresa Reinold**
15. Birthplace **Petersburg, Illinois Austria 11**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm Flassing**
(b) Address **Warrensburg, Mo**

17. (a) **Burial** (b) Date thereof **April 11 - 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Cemetery**

18. (a) Signature of funeral director **Lawrence Phillips**
(b) Address **Warrensburg, Mo**

19. (a) **April 10 - 41** (b) **Bertie Bentley**
(If received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature **Wm Flassing** (M. D. or other) **D**
Address **Warrensburg Mo** Date signed **4-10-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
17-5-41
Date Filed

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 Earl Priest, Registered Apprentice No. _____, working under my personal supervision.

Signed Earl Priest
Licensed Embalmer No. 3878
P. O. Address Warrsburg

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.