

FILED AUG 11 1941

Registration District No. 467

Primary Registration District No. #280

1. PLACE OF DEATH:

(a) County Lawrence
 (b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
426 S. Elliott Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Nancy J Flournoy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Thomas Flournoy 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 15 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 26 hr. _____ min.

9. Birthplace ? Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Forester
 13. Birthplace ? Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Mansfield
 15. Birthplace ? Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Gene Forester
 (b) Address Aurora Mo.
 17. (a) Burial (b) Date thereof 7/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. H. King
 (b) Address Aurora Mo.

19. (a) 8-1-41 (b) R. D. Cannon M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
 (c) City or town Aurora
(If outside city or town limits, write "RURAL")
 (d) Street No. 426 S. Elliott Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
 year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 30
 1941 to July 10 1941
 that I last saw her alive on July 8 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy
Subarachnoid hemorrhage
 Due to _____
 Due to _____

Other conditions none
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

Duration 2 mo + 10 days
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature J. H. Cannon M.D. (M. D. or other) D
 Address J. Cannon, M.D. Date signed 7/14/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 841-1342

Date Filed AUG 7 1941

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.....

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora, 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, fact should be so stated above.