

S. No. 2  
1-14-41  
5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39245**

DEC 23 1941

Registration District No. **750**

Primary Registration District No. **4451**

Registrar's No. **1778**

1. PLACE OF DEATH:

(a) County **Asplin**  
(b) City or town **Hamphshire, Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Williams Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11 days**  
(Specify whether  
In this community **11 days**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Oregon**  
(c) City or town **Couch, Mo (Rural)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1**  
(If rural, give location)  
(e) Citizen of foreign country? **(Yes or No)**  
If yes, name country

3. (a) PRINT FULL NAME **Emma Flannery**  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **9** day **20**  
year **1941** hour **4** minute **10 A** M.

4. Sex **F** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **widow**  
6. (b) Name of husband or wife **James Flannery**  
6. (c) Age of husband or wife in years  
7. Birth date of deceased: **9 9 86**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **September 9** 19 **41** to **September 20** 19 **41**  
that I last saw her alive on **September 20** 19 **41**  
and that death occurred on the date and hour stated above.

8. AGE: Years **55** Months **0** Days **11**  
If less than one day hr. min.

Immediate cause of death **Peritonitis**  
Due to **Ruptured appendix**  
Due to **12 11**  
Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER  
11. Industry or business  
12. Name **Joann Harber**  
13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Hannah Sharp**  
15. Birthplace **9**  
(City, town, or county) (State or foreign country)

Major findings: **Ruptured appendix**  
Of operations **Pust & feces in Peritoneal cavity**  
Of autopsy  
PHYSICIAN  
underline the cause to which death should be charged statistically.

16. (a) Informant **Viola Hays**  
(b) Address **Couch, Mo**  
17. (a) **Burial** (b) Date thereof **9-21-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Lance Crematory**  
18. (a) Signature of funeral director  
(b) Address **2 Layer, Mo**  
19. (a) **10-15-41** (b) **EB Flannery**  
(Date 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?  
While at work (Specify type of place) (e) Means of injury  
23. Signature **J. E. Flannery** (M. D. or other)  
Address **Couch, Mo** Date signed **10/14/41**

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

674

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

District Health Officer No. 5,

District File Number. 11412073

Date Filed .....

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**