

Registration District No. 499

Primary Registration District No. 5657

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural, Millwood, Township
(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 No (Specify whether
In this community all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Liacola
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. S.W. Silcox, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Harriett E. Flynn
3. (b) If veteran, name war ### 3. (c) Social Security No. ###

20. DATE OF DEATH: Month 4 day 24 year 1942 hour 6 minute 15A M.

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: Jan. 24 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-23-1942 to 4-24-1942
that I last saw her alive on 4-23- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Artero-Sclerotic

Duration

8. AGE: Years Months Days If less than one day
67 3 0 hr. min.

Due to:
Other conditions:
(Include pregnancy within 3 months of death)

9. Birthplace Lincoln, Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper

Major findings: g30
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business ##
12. Name Edmond Flynn
13. Birthplace Washington, Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Martha Ludd
15. Birthplace Washington, Ky. (City, town, or county) (State or foreign country)

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?

16. (a) Informant Ella Flynn
(b) Address Silcox, Mo.
17. (a) Burial (b) Date thereof 4/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Millwood, Mo.

23. Signature O.H. Dawson (Specify type of place) (e) Means of injury 0
Address Silcox Date signed Feb. 4 42

18. (a) Signature of funeral director W.P. Dammann
(b) Address Silcox, Mo.
19. (a) 4/27 1942 (b) G.C. Williams
(Date received local registrar) (Registrar's signature)

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

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OCT 13 1948

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

W. R. Dammann

Licensed Embalmer No. 2251

P. O. Address

Sibley, 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.