S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

500

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23750

State File No. _____

Registration District No. 29 Primary Registration District No. 5042 Registrar's No. 51

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Wheaton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) In this community 61 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry 5

(c) City or town: Wheaton, Mo. 6
(If outside city or town limits, write "RURAL")

(d) Street No. ——
(If rural, give location) ——

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Daniel Flora

3. (b) If veteran, name war: ——

3. (c) Social Security No. ——

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married /

6. (b) Name of husband or wife: Martha Flora

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: Feb. (Month) 17 (Day) 1866 (Year)

8. AGE: Years 76 Months 3 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace: Virginia / (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: Same

FATHER
12. Name: Jacob Flora
13. Birthplace: Va. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Not Known
15. Birthplace: Not Known ? (City, town, or county) (State or foreign country)

16. (a) Informant: Martha Flora
(b) Address: Wheaton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 10 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Rocky Comfort Mo.

18. (a) Signature of funeral director: Wm Morris Pogue
(b) Address: Wheaton, Mo.

19. (a) July 3 1942 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1942 hour 2 minute P M.

21. I hereby certify that I attended the deceased from June _____, 1940, to June 8 _____, 1942, that I last saw him alive on June 8th _____, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46 P

Major findings:
Of operations _____
Of autopsy _____

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: John R. Ellison (M. D. or other) DO
Address: Wheaton Mo Date signed June 4

1011 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 742-1037
Date Filed JUL 27 1942

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 Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.