

FILED AUG 1 1942

Registration District No. 862

Primary Registration District No. 6143

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town SOLO, MO CASS
(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.
In this community 16 mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS
(c) City or town SOLO, MO
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DELMER ROBERT FLOWERS

MEDICAL CERTIFICATION

3. (b) If veteran, name war
3. (c) Social Security No. 712-10-2107

20. DATE OF DEATH: Month APRIL day 12 year 1942 hour 11 minute A.M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married divorced MARRIED
6. (b) Name of husband or wife PAULINE FLOWERS 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased NOV. 14 1918
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from APR. 11 1942 to APRIL 12 1942
that I last saw him alive on APRIL 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY TUBERCULOSIS BILATERAL

8. AGE: Years 23 Months 4 Days 28 If less than one day hr. min.

Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
12/11

9. Birthplace HOUSTON MO U (City, town, or county) (State or foreign country)
10. Usual occupation ELECTRICIAN

11. Industry or business
12. Name E.M. FLOWERS
13. Birthplace TEXAS (Co. MO. 11) (City, town, or county) (State or foreign country)
14. Maiden name OLLIE BISHOP
15. Birthplace TEXAS, CO. MO 11 (City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. PAULINE FLOWERS
(b) Address SOLO, MO

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?

17. (a) BURIAL (b) Date thereof 4/14/42 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SOLO
18. (a) Signature of funeral director HAYLOR V. ELLIOTT
(b) Address HOUSTON, MO
19. (a) April 14-1942 (b) Mrs. Lou Miller (Date received local registrar) (Registrar's signature)

23. Signature J. M. Dullinan (M. D. or other) M.D.
While at work? (Specify type of place) (e) Means of injury
Address HOUSTON, MO Date signed 4-13

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 742419

Date Filed 7-27-42

NOV 20 1944

DEC 6 1944

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.