No. 2
8-43
7-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20879

FILED JUL 10 1944

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 160

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 715 East Lime (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: 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair 1
(c) City or town: Kirksville (If outside city or town limits, write "RURAL") 3
(d) Street No.: 715 E. Lime (If rural, give location) 3
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Bertha W. Slemons
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Gerrard R. Slemons
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: March 13, 1858 (Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace: Berryville (City, town, or county) Va. (State or foreign country) 1
10. Usual occupation: Housekeeper
11. Industry or business: Domestic
FATHER
12. Name: Thomas G. Flagg
13. Birthplace: Jefferson Co. (City, town, or county) Va. (State or foreign country) 1
MOTHER
14. Maiden name: Martha M. Flagg
15. Birthplace: Berryville (City, town, or county) Va. (State or foreign country) 1
16. (a) Informant: Hyrle Slemons
(b) Address: Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/24/44 (Month) (Day) (Year)
(c) Place: burial or cremation: King City, Mo.
18. (a) Signature of funeral director: Randolph Kerr
(b) Address: Kirksville, Mo.
19. (a) 6/23/44 (Date received by local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 21 day _____ year 1944 hour _____ minute _____ P.M.
21. I hereby certify that I attended the deceased from January 29, 1944, to June 21, 1944; that I last saw her alive on June 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to Chr. Myocarditis	3 yrs.
Due to Facial neuralgia	6 yrs
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: A B Slemons (M. D. or other)
Address: Kirksville Mo Date signed 6-23-44

1049 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-44-1221
Date Filed JUL 7 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 Geo B Easley Jr.

Licensed Embalmer No. 3755

P. O. Address Hardland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.