

FILED AUG 11, 1944

Registration District No. **3021**

Primary Registration District No. **3021**

Registrar's No. **278**

1. PLACE OF DEATH:

(a) County **GRUNDY**  
 (b) City or town **TRENTON**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **912 GRANT ST**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **73 years** (Specify whether years, months or days)  
 In this community **73 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GRUNDY 40**  
 (c) City or town **TRENTON** (If outside city or town limits, write "RURAL")  
 (d) Street No. **912 GRANT ST** (If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country **U**

3. (a) PRINT FULL NAME **Hugh Marshall Flowers**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **May Flowers** 6. (c) Age of husband or wife if alive **74** years  
 7. Birth date of deceased **June 27, 1869** (Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **13** If less than one day **- hr. - min.**

9. Birthplace **Missouri** (City, town, or county) **Illinois** (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farmer**

12. Name **Valentine Flowers**

13. Birthplace **Missouri** (City, town, or county) **Kentucky** (State or foreign country)

14. Maiden name **Adeline Clayton**

15. Birthplace **Missouri** (City, town, or county) **Illinois** (State or foreign country)

16. (a) Informant **Mrs Eva Dean**

(b) Address **Shelton Mo. 67081**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **July 1944** (Month) (Day) (Year)

(c) Place: burial or cremation **St. Ann's Cemetery**

18. (a) Signature of funeral director **Raymond A. Davis**

(b) Address **Trenton Mo.**

19. (a) **7-12-44** (Date received local registrar) **as Roberts** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10<sup>th</sup>** year **1944** hour **1:30** minute **P** M.

21. I hereby certify that I attended the deceased from **May 26, 1944** to **July 10, 1944** that I last saw him alive on **July 09, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Blackdeler and Kidney infection (Probable carcinoma of prostate)** **several months**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **HIP**

Of autopsy \_\_\_\_\_

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 **H. A. Hüllers M.D.** (M. D. or other) \_\_\_\_\_

Address **Trenton Mo** Date signed **7-11-44**

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

**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.....

*Myself*  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed *Reginald A. Davis*  
..... Licensed Embalmer No *3424*  
..... P.O. Address *Shenton, Md.*

**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.**