

FILED APR 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13938

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 51

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth's Hosp. A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME William Carl Floweree

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male M 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 2 1945
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Harold Floweree

13. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Betty Evans

15. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Floweree

(b) Address New London, Mo.

17. (a) Rural (b) Date thereof Jan 8, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New London, Mo.

18. (a) Signature of funeral director Roy P. Schwatz

(b) Address Hannibal, Mo.

19. (a) 2-17-45 (b) R.W. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls Co.
(c) City or town New London (If outside city or town limits, write "RURAL") 1
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1945 hour 2:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 1945, to Jan 7, 1945.

that I last saw him alive on Jan 7, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity - (8m.)
Toxemia (mother had
severe pre-eclampsia
hyper-tension)

Duration
5d
5d

Due to _____

Due to _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Maude S. Sudduth (M. D. or other) MD
Address Hannibal Mo Date signed 2-16-45

1146

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

64
3
4

MOTHER FATHER

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 *Jack H. Jenkins*
Licensed Embalmer No. *4110*
P. O. Address *Hannibal, Missouri*

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.