

FILED JUN 7 1945  
Registration District No. 139

Primary Registration District No. 4775

Registrar's No. 32

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

1. PLACE OF DEATH:  
 (a) County Holt  
 (b) City or town Oregon  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Months (Specify whether years, months or days)  
 In this community 2 Months

3. (a) PRINT FULL NAME Mary Flagel  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Fred Flagel  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased October 2 1862  
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 22  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Polkton Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Peter Hahn  
 13. Birthplace Holland (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Will Frelling  
 (b) Address Oregon, Missouri  
 17. (a) Cremation (b) Date thereof May 25 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo  
 18. (a) Signature of funeral director James B. Pettigish  
 (b) Address Oregon, Mo  
 19. (a) 5-25-45 (b) Pauline Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Holt  
 (c) City or town Oregon  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
 year 1945 hour 2 minute 45 P. M.  
 21. I hereby certify that I attended the deceased from July 20 1943 to May 24 1945  
 that I last saw her alive on May 23 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Due to Nickshot Malaria  
 Duration 2 1/2

Due to \_\_\_\_\_  
 Other conditions 61  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy none  
 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? none  
(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 C. F. McKinney (M. D. or other) \_\_\_\_\_  
 Address 2294 W. 2nd Date signed 5-24-45

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**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 *James H. Pittjohne*  
Licensed Embalmer No. *3192*  
P. O. Address *Oregon 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.**