

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 28 1946

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 470

1. PLACE OF DEATH:

(a) County Springfield
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution five
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Cerro
(c) City or town Green Forest
(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

Flowers, Susanne

3. (b) If veteran, name war

None

3. (c) Social Security No.

None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced INFANT

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased April 27, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 34 hr. _____ min.

9. Birthplace Green Forest Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

12. Name Flowers, Carl

13. Birthplace Gas City Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Baptist, Frances A.

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

16. (a) Informant Mr. Ethel H. Flowers

(b) Address Green Forest Arkansas

17. (a) removal (b) Date thereof June 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Arkansas

18. (a) Signature of funeral director Baptist family

(b) Address Ethel Flowers, family

19. (a) 6-3-46 (b) W. S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1946 hour 10:00 minute 0 M.

21. I hereby certify that I attended the deceased from May 24
1946 to June 1 1946
that I last saw her alive on June 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Premature birth

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 159

Duration

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? green forest ark
(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 _____

Signature W. S. Handley (M. D. or other) M.D.
Address Springfield, Mo. Date signed 6-2-46

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

18857

111

W

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.....

Licensed Embalmer No.....

P. O. Address.....

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.