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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 14 1947**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41545

State File No. \_\_\_\_\_  
Registrar's No. 118

Registration District No. 270

Primary Registration District No. 5910

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Pemiscot Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether)  
In this community 3 Yrs years, months or days

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

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)  
7. Birth date of deceased Dec. 9 1937 (Month) (Day) (Year)

| 8. AGE: | Years    | Months    | Days      | If less than one day |
|---------|----------|-----------|-----------|----------------------|
|         | <u>8</u> | <u>10</u> | <u>24</u> | hr. min.             |

9. Birthplace Obion Co. Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Student

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

12. Name W. B. Flowers  
13. Birthplace Benton Co. Tenn. (City, town, or county) (State or foreign country)  
14. Maiden name Bessie L. Cole  
15. Birthplace Weakley Co. Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant W. B. Flowers  
(b) Address Cooter, - Mo.

17. (a) Burial (b) Date thereof 11-5-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steele, Mo

18. (a) Signature of funeral director J. L. German

(b) Address Steele, Mo.

19. (a) 1-13-47 (b) Bessie B. Welch (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Cooter, Rural (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 NOV. day 3 year 1946 hour 11 minute 15 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death hit by a car. Body completely crushed also had injuries  
Due to Being hit by car on highway  
Due to \_\_\_\_\_

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

Major findings: Of operations NO  
Of autopsy \_\_\_\_\_

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) Accident  
(b) Date of occurrence Nov. 3, 1946  
(c) Where did injury occur? Pemiscot Mo (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway  
While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John Kelley (M.D. or other) 3  
Address Payton, Mo Date signed 11-3-46

247 (Licensed Embalmer's Statement on Reverse Side)

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

1-49-~~15~~27

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.....

*John W. German*

Licensed Embalmer No.....

*4355*

P. O. Address.....

*Hayti 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.