

Registration District No. **231** Primary Registration District No. **5725** Registrar's No. **99**

1. PLACE OF DEATH:
 (a) County *New Madrid*
 (b) City or town *Tallapoosa (Cone top)*
 (c) Name of hospital or institution: *Home*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *4 years*
 In this community *4 years*
 years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME *Sally Flowers*
 3. (b) If veteran, name war _____
 3. (c) Social Security No. *None*

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *April* day *25*
 year *1947* hour *3* minute *15* A.M.
21. I hereby certify that I attended the deceased from *April 24* 19 *47* *April 25* 19 *47*
 that I last saw *her* alive on *April 25* 19 *47*
 and that death occurred on the date and hour stated above.

4. Sex *female* **5. Color or race** *white*
6. (a) Single, widowed, married, divorced *Widowed*
6. (b) Name of husband or wife *Jim Flowers*
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased *September 6 1870*
 (Month) (Day) (Year)

Immediate cause of death *Coronary Arteriosclerosis*
 Due to *High Blood Pressure*
Hypertension of Arteries
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years *76* Months *7* Days *19*
 If less than one day hr. _____ min. *6*

Major findings: *44A*
 Of operations _____
 Of autopsy _____

9. Birthplace *Missouri*
 (City, town, or county) (State or foreign country)
10. Usual occupation *Housework*

11. Industry or business _____
12. Name *Charles Swann*
13. Birthplace *Ireland*
 (City, town, or county) (State or foreign country)
14. Maiden name *Betty Knotts*
15. Birthplace *Missouri*
 (City, town, or county) (State or foreign country)

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) Means of injury *fall*
23. Signature *S. C. Calkton* (M. D. or other) *DO*
 Address *Madison* Date signed *5/26/47*

16. (a) Informant *Pearl Simms*
 (b) Address *Tallapoosa, Missouri*
17. (a) Burial, cremation, or removal *Burial* (b) Date thereof *4-27-47*
 (Month) (Day) (Year)
 (c) Place: burial or cremation *Stanfield*
18. (a) Signature of funeral director *Stanfield Funeral Home*
 (b) Address *Campbell, Missouri*
19. (a) 5/1/47 (b) *Dr. G. W. ...*
 (Date received local registrar) (Registrar's signature)

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

12
0
0

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 547-670

Date Filed 5-6-47

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.