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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1947

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 23269

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain Co Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether

In this community Since 1895 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain 4

(c) City or town Mexico Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. R. #1 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Flood

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 2

5. Color or race Col

6. (a) Single, widowed, married, divorced S U

6. (b) Name of husband or wife

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

7. Birth date of deceased D.K. (Month) (Day) (Year)

8. AGE: Years about 75 | Months | Days | If less than one day hr. min.

9. Birthplace Pike County, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Farm Laborer

11. Industry or business

FATHER
12. Name Siaas Flood 0
13. Birthplace Pike County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DK
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Hardin Fields 1

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 47 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Mexico Mo

18. (a) Signature of funeral director Chas Arnold

(b) Address Mexico, Mo.

19. (a) 7/27/47 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1947 hour 8 minute 45 A M.

21. I hereby certify that I attended the deceased from July 14, 1947, to July 25, 1947 that I last saw him alive on July 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to

Due to

Other conditions Anemia (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

46 B

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? (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 0

23. Signature R. S. Williams (M. D. or other) MD

Address Mexico Mo Date signed 7/27/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-47-925
JUL 30 1947
Date Filed

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 George Wood, Registered Apprentice No. 507, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3569

P. O. Address Mexico 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.