. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 26 1947

Registration District No. 3716

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 39363

Registrar's No. 380

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 yrs. 4 mos. 11 das.
(Specify whether years, months or days)
In this community: 0

2. USUAL RESIDENCE OF DEASCED:
(a) State: Missouri (b) County: St. Louis 94
(c) City or town: Overland 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 2622 Edgar 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ROSE FLANERY
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Clarence Flanery
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: March (Month) 15 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
55	7	23	hr. min.

9. Birthplace: Fredonia (City, town, or county) New York (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Unknown Miller 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 7
16. (a) Informant: Edith Baker
(b) Address: 300 So. 14th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington, St. Louis, Mo.
19. (a) 11-18-47 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8 year 1947 hour 12 minute 50 P. M.
21. I hereby certify that I attended the deceased from Nov. 4, 1947, 19..., to Nov. 8, 1947, 19...; that I last saw her alive on November 8, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 das.
Due to: Hypertension	
Due to:	
Other conditions: Alcoholic Psychosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 8 3A
Of autopsy: No autopsy.

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury:
23. Signature: John A. Brennan (M. D. or other) MD
Address: State Hosp. #4 Farmington, Mo. Date signed 11/15/47

Jefferson City Printing Co. 20/ (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer 4
District File Number 1147 - 1481
Date Filed 11-25-42

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 J. Allen Davis Jr

Licensed Embalmer No. 4055

P. O. Address Davis

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.