S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44343

Registration District No. 736 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 313 E. 4th. St., 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Thomas FLOOD
3. (b) If veteran, name war No
3. (c) Social Security No. Yes
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Effie Logsdon Flood
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 20, (Day) 1879 (Year)

8. AGE: Years 68 Months 11 Days 11 If less than one day hr. min.
9. Birthplace Bates Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Night Watchman
11. Industry or business
FATHER
12. Name John Flood 9
13. Birthplace Unknown 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Asis Fair Spencer 12
15. Birthplace Unknown 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Katherne Gross
(b) Address 313 E. 4th. Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.
19. (a) 1-3-48 (Date received local registrar) (b) Dolores Lampkin DR. (Registrar's signature) 124

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 31st. year 1947 hour 4:38 minute A. M.
21. I hereby certify that I attended the deceased from Dec. 26, 1947, to Dec. 31, 1947 that I last saw him alive on Dec. 30, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxic myocarditis & failure	4 days
Due to Nephritis, bilateral pyelo-	
Due to Peritonitis, post operative	7 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Suprapubic prostatectomy 10 days previous
Of 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)
While at work? (e) Means of injury 0
23. Signature O. T. Blanke (M. D. or other) MD
Address Joplin, Mo. Date signed 12-31-47

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

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

47-12-2012

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 Marion Y. McCormick Registered Apprentice No. 17, working under my personal supervision.

Signed Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.