. 300
10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 2 1949
Registration District No. 225

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4335

38035

State File No.

Registrar's No. 20

1. PLACE OF DEATH:

(a) County MONITEAU

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

(c) Name of hospital or institution:
NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community ENTIRE LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONITEAU

(c) City or town TIPTON
(If outside city or town limits, write "RURAL")

(d) Street No. NO STREET NUMBER
(If rural, give location)

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

If yes, name country U.S.A.

3. (a) PRINT FULL NAME PATRICK-C-FLOOD

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) 6 (Day) 1870 (Year)

8. AGE: Years 79 Months 3 Days 13 If less than one day hr. min.

9. Birthplace TIPTON (City, town, or county) MO (State or foreign country)

10. Usual occupation RETIRED DRUGIST

11. Industry or business

FATHER
12. Name PATRICK FLOOD
13. Birthplace IRELAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CATHERINE CROWLEY
15. Birthplace IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant Miss Lizzie Flood
(b) Address Tipton MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-19-1949 (Month) (Day) (Year)
(c) Place: burial or cremation CATHOLIC CEMETERY

18. (a) Signature of funeral director Jewell E. Richards
(b) Address Tipton MO

19. (a) Nov. 23, 1949 (Date received local registrar) (b) Mrs. Maude Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 19th year 1949 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1945, to Nov 1949; that I last saw him alive on Nov. 18 1949; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Deficiency	
Due to Arteriosclerosis	
Due to Senility	1500
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature J. F. Potts (M. D. or other) MD
Address Tipton, MO Date signed 11/1949

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1949

RECEIVED 11-30-49
District Health Officer No. 9,
District File Number

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 Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.