

FILED SEP 20 1945 STANDARD CERTIFICATE OF DEATH

30046

State File No.

Registration District No. 11

Primary Registration District No. 5040

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Exeter, Rural, Cedar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4 1/2 miles N.W. of Exeter  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 23 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME HATTIE FLOREY

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, married, divorced, married  
6. (b) Name of husband or wife William H. Florey 6. (c) Age of husband or wife if alive 84 years  
7. Birth date of deceased Feb. 3 1873 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Manchester Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business

MOTHER FATHER { 12. Name Henry K. Wells  
13. Birthplace New York (City, town, or county) (State or foreign country)  
14. Maiden name Sarah Caroline  
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Glen Kinsinger

(b) Address Exeter, Mo.

17. (a) Burial (b) Date thereof July 30, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Exeter, Mo.

18. (a) Signature of funeral director Shirley G. Shipley

(b) Address Monett, Mo.

19. (a) Aug 10 - 1945 (b) Grace Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry  
(c) City or town Exeter, rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 1/2 miles N.W. of Exeter  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 28 1945 to July 28 1945  
that I last saw him alive on July 28 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death arterio Sclerotic Degeneration Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 92%

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of injury) (b) Means of injury \_\_\_\_\_

23. Signature Glen M. Salzer (M. D. or other) \_\_\_\_\_  
Address Cassville Mo. Date signed \_\_\_\_\_

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

1077

RECEIVED

District Health Officer No. 6;

District File Number

943-94277

Date Filed

SEP 17 1945

Doc 8

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

L. H. Blankenship  
Licensed Embalmer No. 2397

P. O. Address: Menett, 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.