

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12-23-35 68

FILED JUN 19 1944

State File No. ....

Registration District No. 310

Primary Registration District No. 3060

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution Eight One year (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Dee Flanery

3. (b) If veteran, name war: No

3. (c) Social Security No. No

4. Sex MO 5. Color or race W

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

(b) Name of husband or wife Mathew Wood 6. (c) Age of husband or wife if alive 17 years (Month) (Day) (Year)

7. Birth date of deceased Dec 17 1852  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>			hr. min.

9. Birthplace Went Co. mo (City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business

12. Name Isaac Flanery

13. Birthplace Went Co. mo (City, town, or county) (State or foreign country)

14. Maiden name Nancy Ann Labor

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Jesse C. Flanery

(b) Address Farmington mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 44 (Month) (Day) (Year)

(c) Place: burial or cremation Pendleton Do Run mo

18. (a) Signature of funeral director Co. Zeun Funeral Home

(b) Address Farmington mo

19. (a) 6-8-44 (Date received local registrar) (b) Thomas Baker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day June year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9 am 1, 1939 to June 6, 1944  
that I last saw him alive on June 4, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 2 mo.

Due to Advanced Arterial Sclerosis 1040.

Due to

Other conditions (Include pregnancy within 3 months of death) 93 el

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?

While at work? (Specify type of place)

(e) Means of Injury

23. Signature Geo. L. Walters (M. D. or other)

Address Farmington mo Date signed 6-8-44

1373

RECEIVED

District Health Officer No. 4

District File Number 644-3980

Date Filed 6-17-44

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

Licensed Embalmer No. 45084

P.O. Address Farmington, 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.**