

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31877

State File No.

Primary Registration District No. 5793

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Moniteau Co

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

(c) Name of hospital or institution: Jamestown, Mo / Rt #
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

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

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

3. (a) PRINT FULL NAME Clara Margrete Flesher

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Nov 25 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	9	13 hr. min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name William Yoest

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs W. Weissenbach

(b) Address Jamestown, Mo

17. (a) Burial Burial (b) Date thereof Sept. 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cent. California

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo

19. (a) Sept 13 - 47 (b) Yadam Suow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1947 hour 12/30 minute P.M.

21. I hereby certify that I attended the deceased from Jan
27 to Sept 7 1947
that I last saw him alive on Sept 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
Arteriosclerosis
Chronic Heart Disease
Prostate

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration 4 hrs

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)

White at work..... (e) Means of injury.....

23. Signature W R Meredith M. D. or other
Address Praine House Mo signed 9/14/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-17-47

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 me
..... Registered Apprentice No.
working under my personal supervision.

Signed Emil R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, M.

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.