

FILED MAR 18 1946

State File No. 8879

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1009 Madison St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1009 Madison  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 11

3. (a) PRINT FULL NAME John Jacob Flessa

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Angeline 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 11 1863  
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 20 If less than one day hr. min.

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

10. Usual occupation Retired Carpenter & Railroader

11. Industry or business

12. Name John Jacob Flessa Sr.

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

14. Maiden name Evva Richel

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

16. (a) Informant Mrs William Kuehn

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 3/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown Cemetery

18. (a) Signature of funeral director Victor Buescher

(b) Address Jefferson City, Mo.

19. (a) 3-2-46 (b) A.P. Harrison  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1  
year 1946 hour \_\_\_\_\_ minute 1 P.M.

21. I hereby certify that I attended the deceased from Feb 1 1946 to March 1 1946  
that I last saw him alive on March 1 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Arterio Sclerotic heart disease

Due to Arterio-sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy 91

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 MR Adridge (M. D. or other)

Address Jefferson City Date signed 3/2/46

Duration  
3 Mos

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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**RECEIVED**  
District Health Officer No. 9,  
District File Number.....  
Date Filed..... 3-6-46

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**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..... *Victor Buscher* .....

Licensed Embalmer No..... 3701 .....

P. O. Address..... Jefferson City, 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.**