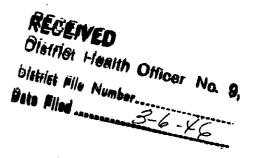
| . No. 2 f—2-43 5-17-39 | DEPARTMENT OF COMMERCE STATE BOARD OF HIS BUREAU OF THE CENSUS STANDARD CERTIF | EALTH OF MISSOURI | State File No | 8879 |
|--|---|--------------------------|--|--|
| I X35697 | Registration District No. Primary Registration Dist | rict No. 30/6 | Registrar's No | 62 |
| WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD | 1. PLACE OF DEATH: (a) County | (c) City or town Jeffer | (b) County Cole Sion City de city or town limits, write Son (if rural, give location) | RURAL") 4 |
| | in this community. years, months or days) | If yes, name country | | |
| | 3. (a) PRINT John Jacob Flessa 3. (b) If veteran, name war. no none 5. Color or race// hite divorced Widowed. married. 4. Sex Male race// hite divorced Widowed. married. 6. (b) Name of husband or wife divorced Widowed. 7. Birth date of deceased May 11 1863 (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day 82 9 20 hr. min. 9. Birthplace Center town, Mo. (State or foreign country) 10. Usual occupation Retired Carpentar & hailro | 20. DATE OF DEATH. Month | min he deceased from he | ute / P, M. 19.46 19.46 Duration 37has |
| | 11. Industry or business 12. Name John Jacob Flessa Sre 13. Birthplace Unknown Game Lya Richel 14. Maiden name Lya Richel Gity, town, or county) 15. Birthplace Unknown Game Lya Richel 16. (a) Informant Mrs William Kuehn (b) Address Jefferson City, Mo. 17. (a) Burial (b) Date thereof 3/3/46 (Burisl, cramation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation Cem tentown Cemetery 18. (a) Signature of funeral director Game Lya Mo. 19. (a) 3-2-46 (Date received local registres) (Registrar's signature) (Liepsaed Embalmer's Sta | While at work? (Spec | (City or town) (Count, on farm, in industrial planify type of place) (a) Means of injury. (b) Means of Many (M. | 4. \$1 |



STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is recorded on the re | everse side of this certificate was embalmed by me, or by |
|---|---|
| | Registered Apprentice No, |

working under my personal supervision.

clos Duscher

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.