

NOV 3 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36622
Do not use this space.

1. PLACE OF DEATH

(a) County RAY Registration District No. 743
(b) Township FISHING RIVER Primary Registration District No. 6237 Registered No. 22
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Norris Vinyard HESSEN FLOW

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF MARIAH CATES

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 1, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) IOWA
(STATE OR COUNTRY) U. S. A.

FATHER 13. NAME WM. HESSEN FLOW

14. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Liza Crawford

16. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) 9

17. INFORMANT MRS. FRANK BATTAGLER
(ADDRESS) ORRICK R. E. 1, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE UNION DATE 10-23, 1938

19. FUNERAL DIRECTOR Gibson & Son
(ADDRESS) ORRICK, Mo.

20. FILED 10-23, 1938 W. Campbell, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1938, to Oct 21, 1938
I last saw him alive on Oct 21, 1938 Death is said to have occurred on the date stated above, at 10:05 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
93

Date of onset ?

Other contributory causes of importance:
Paralysis agitans (?) 1931
Senile locomotor ataxia

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) W. Campbell, M. D.

(Address) Orrick, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, C. W. Gibson, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by Edward Q. Gibson, Registered Apprentice No. 151
working under my personal supervision.

Signed C. W. Gibson
Licensed Embalmer No. 2299

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.)