

RECD MAR 17 1939

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

7228

Do not use this space.

## 1. PLACE OF DEATH

(a) County MoniteauRegistration District No. 571(b) Township WalkerPrimary Registration District No. 2335(c) City California

(d) Street No. \_\_\_\_\_

Registered No. 7

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)  
St. \_\_\_\_\_  
ys. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME Kenneth B Flippin,(a) Residence, No. California

(Usual place of abode, if no street address, write county or city)

St. ☐

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)  
Single5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 16.1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.528

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work  
was done, as saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN) California MO  
(STATE OR COUNTRY)13. NAME Herman B. Flippin14. BIRTHPLACE (CITY OR TOWN) Moniteau Co  
(STATE OR COUNTRY)15. MAIDEN NAME Tessie May Bowlin16. BIRTHPLACE (CITY OR TOWN) Moniteau Co  
(STATE OR COUNTRY)17. INFORMANT  
(ADDRESS)Herman B. Flippin  
California

18. BURIAL, CREMATION, OR REMOVAL

PLACE

CaliforniaDATE 2/9.1939

19.

19. FUNERAL DIRECTOR (NAME)

(ADDRESS)

Jack Bowlin  
California MO

20. FILED

Feb 9, 1939 H.R. Pappas

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Feb. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 28, 1939 to Feb. 8, 1939I last saw him alive on Feb. 8, 1939 Death is saidto have occurred on the date stated above, at 8 A.M.

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

Broncho Pneumonia Date of onset 1/28/39

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) H.R. Pappas

56

(Address) California, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

109A

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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7228  
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571  
(b) Township California Primary Registration District No. 4335  
(c) City California (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 8

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
5 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-1939

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on \_\_\_\_\_, 19. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) X. J. O'Banion, M.D.

(Address) California Mo

