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

Do not use this space.

5446

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5446
Township Kaw — Primary Registration District No. 1002 — Registered No. 530
City Kansas City (No. St Marys Hospital St. Ward)

2. FULL NAME Ivan S. Flanery
(a) Residence. No. 748 State Ave., K.C.Ks. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 11, 1884

7. AGE: Years 46 — Months 10 — Days 22 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman 17
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Missouri 1

PARENTS
10. NAME OF FATHER: Mac P. Flanery
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Rebecca Givens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 2

14. INFORMANT: Mrs. Myrtle Brown
(Address) 2100 East 42nd St.

15. FILED 2/4, 1931 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 3, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to Feb 3, 1931 that I last saw him alive on Feb 3, 1931, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

83
34
34
Malaria 34 C (duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY): Paralysis - Syphilitic (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 748 State, K.C. Ks
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & lab. tests
(Signed) B. Landau Mad, M.D.
Feb. 4, 1931 (Address) 1010 Rialto Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Moriah Cemetery — DATE OF BURIAL: 2-5-31 19

20. UNDERTAKER: R. V. Lindsey & Sons, Inc. — ADDRESS: Kans City Mo

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.