

REC'D FEB 20 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
1044  
Do not use this space.

1. PLACE OF DEATH **3**  
 (a) County **Jackson** Registration District No. **399**  
 (b) Township **Kaw** Primary Registration District No. **1002** Registered No. **57**  
 or **K. C. Mo.** (c) City **1119** **E. 76th Street** St.  
 (d) Street No. **1119** **E. 76th Street**  
 (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 **453** **Mrs. Anne Flint (Howard)**  
 (a) Residence, No. **2000 Jefferson** 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 **Female** 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 **J. W. Flint, Isaac Howard**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 24, 1864**

7. AGE YEARS **74** MONTHS **6** DAYS **11** If LESS than 1 day, ..... hrs. or ..... min.

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

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) **Germany** **6**

13. NAME **No Record** **6**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany** **6**

15. MAIDEN NAME **No Record**

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

17. INFORMANT (ADDRESS) **Mrs. W. H. Holland**  
**1119 E. 76th St. K.C. Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Elmwood Cemetery** DATE **Jan. 7** 19**39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **John W. Wagner**  
**Kansas City, Mo.**

20. FILED **Jan 6 1939** **M. Cronin**  
**Local Registrar**

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 5, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 29, 1938** to **Jan 5, 1939**  
 I last saw him alive on **Jan 4, 1939** Death is said to have occurred on the date stated above, at **6:45** m. am  
 The principal cause of death and related causes of importance were as follows:  
**arterio sclerosis**  
**thrombophlebitis**  
**131**  
 Other contributory causes of importance:  
**Coronary Arteriosclerosis**

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) **Benjamin M. Cronin**, M. D.  
 (Address) **502 E. 1st St.**

(Licensed Embalmer's Statement on Reverse Side)

K. 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.

Dr. Geo. H. Jones  
ne 80th & Paseo  
JA 1879

2-5 receipt: Nov 0

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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.**