

REC'D FEB 20 1939

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

1223
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 236
 (c) City Kansas City, Missouri Street No. 122 West Linwood, K.C.Mo. 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 Margaret M. O Flaherty,

(a) Residence, No. 122 West Linwood, K.C.Mo. 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9th, 1869
 7. AGE YEARS 69 MONTHS 4 DAYS 9 If LESS than 1 day, ----- hrs. or ----- min.

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. At Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City, (STATE OR COUNTRY) Mo.

FATHER 13. NAME Edmond O'Flaherty

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

MOTHER 15. MAIDEN NAME Bedelia Gardiner

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

17. INFORMANT Mrs. Josephine Keshlear, (ADDRESS) 122 West Linwood, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE Jan 20, 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster (ADDRESS) 918 Brooklyn Avenue, K.C.Mo.

20. FILED Jan 19, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18th, 1939
 22. I HEREBY CERTIFY (That I attended deceased from Feb 5, 1938 to Jan 18, 1939)
 I last saw h. alive on Jan 17, 1939 Death is said to have occurred on the date stated above, at 10; A.M.
 The principal cause of death and related causes of importance were as follows:

Pericarditis Acute Date of onset Dec 19, 37
Chronic Leg Ulcers
Edema & Erys

Other contributory causes of importance
Chronic Leg Ulcers
Edema & Erys

Name of operation Menige Date of Jan 18, 1939
 What test confirmed diagnosis? Menige 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 No Injury
 Nature of injury No Injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify No
 (Signed) M. M. Crowe, M. D.
 (Address) 900 Parkside

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.

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.