

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

24606  
Do not use this space.

REC'D AUG 7 1939

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Can Primary Registration District No. 1002 Registered No. 2819  
 (c) City Kansas City (d) Street No. 720 Gen Hosp. 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. 0 How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 1415 Bellefontaine (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Grace Flynn  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-4-1886  
 7. AGE YEARS 53 MONTHS 1 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Welder  
 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 46

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

FATHER 13. NAME James Flynn

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

MOTHER 15. MAIDEN NAME Mary Kenney

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

17. INFORMANT (ADDRESS) Reverend Clerk K.C. Gen Hosp K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo. DATE July 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary Kansas City, Mo.

20. FILED July 13, 1939 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12-1939

22. I HEREBY CERTIFY, That I attended deceased from 7-11-1939 to 7-12-1939  
 I last saw him alive on 7-12-1939, 1939. Death is said to have occurred on the date stated above, at 8:25 a.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach with metastases  
 Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 1939  
 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) P. DeMara, M. D.  
 (Address) St. Joseph Hospital

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, .....

*Lawrence Freeman* or by .....

Registered Apprentice No....., working under my personal supervision.

Signed *Lawrence Freeman* .....

Licensed Embalmer No. *2939* .....

P. O. Address *50240* .....

**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.**