REC'D AUG 7 1939

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

24635
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399

(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 2848

(c) City Kansas City, Mo. (d) Street No. 3525 Paseo 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 71 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 452 Miss Ella Flanagan

(a) Residence, No. 3525 Paseo St. ☐
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18th. 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	2	28	

OCCUPATION

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) Kansas City, Mo. 0

FATHER

13. NAME Peter Flanagan 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D.C. 1

MOTHER

15. MAIDEN NAME Miss Lynch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D.C.

17. INFORMANT (ADDRESS) Miss Mary Flanagan 3525 Paseo

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE St. Marys Cem. DATE 7/17/39, 19

19. FUNERAL DIRECTOR (NAME) W.F. Mayberry
(ADDRESS) 2315 Linwood Blvd.

20. FILED July 16 39 M M Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15th., 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 1934, to July 14, 1939

I last saw her alive on July, 1914 Death is said to have occurred on the date stated above, at 6 4 m.

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

	Date of onset
Chronic myocarditis	1933
Chronic nephritis	1933
1865	
Other contributory causes of importance: Fracture of left femur	6/20/39

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? fall Date of injury 6/20, 1939

Where did injury occur? Home K.C., Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall

Nature of injury Fracture of left femur

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

If so, specify No

(Signed) J Sheldon, M. D.

(Address) 25 & Locust

(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.

Emmanuel Ank

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.