

AUG 14 1940 153  
Registration District No.

Primary Registration District No. 5217

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Rural (Dolan)  
(c) Name of hospital or institution:   
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9  
In this community 45 1/2  
years, months or days

3. (a) PRINT FULL NAME Horace N. Flanery  
3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Margaret Flanery 6. (c) Age of husband or wife if alive 5 years  
7. Birth date of deceased Dec 28 1888  
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MD - D  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Flanery  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Sheppard  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant E. H. Flanery  
(b) Address 422 E. Main St. MO.

17. (a) Burial (b) Date thereof Aug 7 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman

18. (a) Signature of funeral director RUNNENBURGER'S  
(b) Address HARRISONVILLE, MO.

19. (a) Aug 1-40 (b) Miss Beaul Siddarth  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1940 hour 7:30 minute 1 M.

21. I hereby certify that I attended the deceased from July 30 1940  
that I last saw him alive on July 30 - 1940 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Chronic nephritis

Due to \_\_\_\_\_  
Due to 12/1

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 146  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. W. Scott (M. D. or other) \_\_\_\_\_  
Address Harrisonville MO Date signed July 31 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

*Ernest Remmenburger*

Licensed Embalmer No.

*3368*

P. O. Address

*Harrisonville*

**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.**