No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9616

State File No. 1025

APR 15 1941

Registration District No. 3

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 111 North White
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 45 Yrs.

2. USUAL RESIDENCE OF DECEASED: 48 3 8

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 111 North White
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Patrick J. Flahive

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Hayes Flahive

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August 15 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	6	26	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) 4 Ireland (State or foreign country)

10. Usual occupation Retired Car Inspector

11. Industry or business .....

FATHER
12. Name Thomas Flahive
13. Birthplace ..... (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name Johanna Kenny
15. Birthplace ..... (City, town, or county) 11 Ireland (State or foreign country)

16. (a) Informant Mrs Mary Hayes Flahive
(b) Address 111 N. White

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Tobin Co
(b) Address KCMo

19. (a) 3/12/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11th year 1941 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 5, 1941, to Mar 11, 1941; that I last saw him alive on Mar 10, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1/5 41
Due to: Arterio Sclerosis	—
Due to:	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature R. H. Williams (M. D. or other) MD
Address 5400 St John Av Date signed 3/12 41

(Licensed Embalmer's Statement on Reverse Side)

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.....Harold Perry

Licensed Embalmer No.....4097

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.