

FILLED SEP 10 1941

Registration District No. 0

Primary Registration District No. 4417

Registrar's No.

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Parkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 31 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rebeca Flannery

3. (b) If veteran name war None 3. (c) Social Security No. None

4. (a) Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased March 12 - 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Waldron Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business:

MOTHER FATHER { 12. Name Dr. John Flannery
13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Miller
(b) Address Smithville Mo.

17. (a) Burial (b) Date thereof 8-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkville

18. (a) Signature of funeral director Leland H. Francis
(b) Address Parkville Mo.

19. (a) 8-19-41 (b) S. P. Ford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
(c) City or town Parkville
(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.? 7 AM years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 1
1941, to Aug 18, 1941;
that I last saw her alive on Aug 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Symptoms
General debility

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Underwood (M. D. or other) D
Address Parkville Date signed 8/18-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1941-8-18
1859-3-12
82-5-6

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Paulsboro N.J.

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.