

FILED MAY 12 1942

Registration District No.

Primary Registration District No.

1002

Registrar's No. 1611

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:
5734 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5734 Forest
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD THOMAS FLAHERTY

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Nellie Flaherty
6. (c) Age of husband or wife if alive 1880 years
7. Birth date of deceased June 29
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 23 hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Steamfitter (Retired)

11. Industry or business Court House

MOTHER FATHER { 12. Name John Flaherty
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Finnegan
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Sheehy

(b) Address 5734 Forest

17. (a) Burial (b) Date thereof Apr 25 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Durb & Robin Co

(b) Address 20 West Linwood

19. (a) 4-24-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day April
year 1942 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from Apr 6 to Apr 13, 1942
that I last saw him alive on Apr 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration Sudden
Due to Coronary Sclerosis 6 mo.
Due to General Arterio-Sclerosis 10 yrs
Hypertension 10 yrs
Other conditions Hypertension
(Include pregnancy within 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?

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

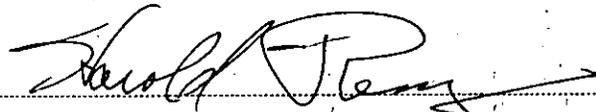
23. Signature P. J. O'Connell (M. D. or other) MD
Address 810 Porter Road Date signed 4/27/42

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

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. 4097

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, fact should be so stated above.