S. No. 2
M—5-42
7. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39679

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4582

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-14-42-12-8-42 (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3 5 6
(d) Street No. 1109 Garfield (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LELA FLANNIGAN
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race Negro 3
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife unk
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 28 (Day) 1898 (Year)
8. AGE: Years 44 Months 4 Days 10 If less than one day hr. min.
9. Birthplace Van Buren (City, town, or county) Arkansas (State or foreign country) 1
10. Usual occupation None
11. Industry or business
FATHER 12. Name Richard Douglas
FATHER 13. Birthplace (City, town, or county) Arkansas (State or foreign country) 1
MOTHER 14. Maiden name Kate Bradley
MOTHER 15. Birthplace (City, town, or county) Arkansas (State or foreign country) 1
16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation Van Buren, Ark.
18. (a) Signature of funeral director K.C. Amb. & Casket Co. Mrs. J. W. Jones
(b) Address 440 State Line K.C.K.
19. (a) 12-10-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8 year 1942 hour 6 minute 00 p.m.
21. I hereby certify that I attended the deceased from November 14, 1942, to December 8, 1942; that I last saw her alive on December 8, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene of intestine	
Due to Intestinal Obstruction	
Due to Pelvic Cellulitis (post-operative)	
Other conditions (Include pregnancy within 3 months of death) 139a1	
Major findings: Of operations Frozen pelvis: pelvic abscess involving tubes and ovaries with uterine fibroid.	
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 G. S. Turner (M. D. or other)
Address Gen. Hosp. #2-600 E 22 Date signed 12-10-42

2601

(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 Eugene English

Licensed Embalmer No. 4105 State Ave.

P.O. Address 440 State Ave. K.C.K.

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.