

FILED MAR 5 1943

Registration District No. 149

Primary Registration District No. 1007

Registrar's No.

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: **3003 Walnut**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **xx**
In this community **40 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3003 Walnut**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **xx**

3. (a) PRINT FULL NAME

Charles Joseph Flynn

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **500-12-3509**

4. Sex **M.** 5. Color or Race **W.** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **xx unknown** 6. (c) Age of husband or wife if alive **xx** years

7. Birth date of deceased **Feb. 4, 1886**
(Month) (Day) (Year)

8. AGE: Years **57** Months **xx** Days **11** If less than one day hr. min.

9. Birthplace **Knox County, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Railroad Fireman**

11. Industry or business **John W. Flynn**

12. Name **New York**

13. Birthplace **Mary, Riley** (State or foreign country)

14. Maiden name **Ohio** (State or foreign country)

16. (a) Informant **Mrs. Martha Lane**

(b) Address **919 E. 33rd**

17. (a) **Burial** (b) Date thereof **2-18-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mt Calvary**

18. (a) Signature of funeral director **H. Dignester**

(b) Address **917/43 K.C. Mo.**

19. (a) **2/17/43** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **15** year **43** hour **6** minute **05** P. M.

21. I hereby certify that I attended the deceased from **Arrive** and that I last saw him alive on **19** and that death occurred on the date and hour stated above.

Immediate cause of death: **Gunshot wound of the head**

Due to **164c**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **see above**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **suicide**
(b) Date of occurrence **2/15/43**
(c) Where did injury occur **3003 Walnut Kansas City, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work **at home** (Specify type of place) (c) Means of injury **gun**

23. Signature **[Signature]** (M. D. Registrar) Address **[Address]** Date signed **[Date]**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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:

Francis Walter

Registered Apprentice No. *2744*

working under my personal supervision.

Signed

J. H. Sigler

Licensed Embalmer No. *2744*

P. O. Address

K.C., Mo.

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.