S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33775

FILED NOV 1 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4382

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: 3720 Holmes Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ----
In this community: 53 Years (Specify whether 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.: 3720 Holmes Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ----

3. (a) PRINT FULL NAME: Mr. Henry Flarsheim
3. (b) If veteran, name war: No
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: Mrs. Florence L. Flarsheim
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: September (Month) 3 (Day) 1866 (Year)

8. AGE: Years 77 Months 1 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace: New Jersey (City, town, or county) (State or foreign country)
10. Usual occupation: President
11. Industry or business: Seavey & Flarsheim Brokerage Co.

FATHER
12. Name: Jacob Flarsheim
13. Birthplace: Darmstadt Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Simon
15. Birthplace: Darmstadt Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Florence L. Flarsheim
(b) Address: 3720 Holmes Street
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Oct. 15, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: D. W. Newcomer's Sons
18. (a) Signature of funeral director: D. W. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd
19. (a) 10-15-43 (Date received local registrar) (b) I. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th year 1943 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis Myocarditis Coronary Disease — Duration
Due to:
Due to: age
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: Fred Drury (M. D. or other)
Address: 1610 Professional Bldg. Date signed: 10/13/1943

(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 H C Newcomer Jr

Licensed Embalmer No. 4043

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.