

S. No. 2  
M-2-43  
5-17-38  
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33777

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 1 1943

2283

Registration District No. 149

Primary Registration District No. 1002

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:  
3733 Broadway  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 40 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. 3733 Broadway  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MISS MARGARET FLYNN

3. (b) If veteran, name war No

3. (c) Social Security No. Non-

4. 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 \_\_\_\_\_ years

7. Birth date of deceased October 30, 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 11 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Patrick Flynn

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Alice McKale

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Elizabeth Flynn

(b) Address 3733 Broadway

17. (a) Burial (b) Date thereof 10/9/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Zurk and Nelson Company

(b) Address 20 West Linwood, K.C., Mo.

19. (a) 10-8-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th  
year 1943 hour 10: minute 00 P.M.

21. I hereby certify that I attended the deceased from Aug 1942  
\_\_\_\_\_ 19\_\_\_\_ to Oct 7 1943;  
that I last saw h. er alive on Oct 1 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to \_\_\_\_\_

Due to Arterial hypertension

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 Respect Major M.D. (M. D. or other)

Address 315 Blanton Road Date signed Oct 8, 1943

Duration 3 mo

10 yrs

83/5

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 Harlyn Roe.....

Licensed Embalmer No. 2810.....

P. O. Address H. E. Mc.....

**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.**