

FILED MAR 9 1944  
Registration District No. 1947

Primary Registration District No. 1002

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

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:  
1300 Pennsylvania Ave. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 Years (Specify whether years, months or days) (Specify whether)

3. (a) PRINT FULL NAME George O. Fluke

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 Josephine E. Fluke 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 25th 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 56 If less than one day hr. min.

9. Birthplace Zanesville Ohio /  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business

12. Name Joseph E. Fluke

13. Birthplace Zanesville Ohio /  
(City, town, or county) (State or foreign country)

14. Maiden name Ann M. Morgan

15. Birthplace Pittsburg Pa. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine E. Fluke

(b) Address 1300 Pennsylvania Avenue

17. (a) Burial (b) Date thereof March 4th - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Freeman Mortuary

18. (a) Signature of funeral director [Signature]

(b) Address 104 West 42nd street

19. (a) 3-2-44 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri

(a) State Missouri (b) County Jackson **18**

(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. 1300 Pennsylvania Ave. **8**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st  
year 1944 hour 10:00 minute 45 A. M.

21. I hereby certify that I attended the deceased from Deputy Coroner to Coroner 19...  
that I last saw h... 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion  
Coronary Sclerosis

Due to Coronary Sclerosis

Due to Carcinoma Face

Other conditions Carcinoma Face  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 53

Of autopsy See Above

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? At E. Washer (Specify type of place) (a) Means of injury [Signature]

23. Signature [Signature] (M. D. or other) [Signature]

Address 23 N. Cay Date 3/1/44

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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.....

*Walter H. Erwin*

Licensed Embalmer No.....

*4352*

P. O. Address.....

*Kansas City, 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.**