

S. No. 2
M-5-43
5-17-39
I X3687

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17002
State File No. _____
Registrar's No. 2017

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1404 East 66th, Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 40 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1404 East 66th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Simon Leo FLANIGAN.
3. (b) If veteran, name war World War
3. (c) Social Security No. 496-10-3014

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7th
year 1944 hour 11 minute 57 P. M.
21. I hereby certify that I attended the deceased from Mar 15
1944, to May 7, 1944;
that I last saw him alive on May 7, 1944;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Ryan Flanigan
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased February 23rd, 1892
(Month) (Day) (Year)

Immediate cause of death Carcinoma esophagus
Duration 2 mo

8. AGE: Years 52 Months 2 Days 14
If less than one day _____ hr _____ min.

Due to _____
Due to _____
Other conditions no
(Include pregnancy within 3 months of death) 460

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

10. Usual occupation Steam Fitter.

11. Industry or business _____

12. Name Simon Flanigan

13. Birthplace Butland Wt. I
(City, town or county) (State or foreign country)

14. Maiden name Katherine S. Flanigan

15. Birthplace Staten N. J.
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Ryan Flanigan.

(b) Address 1404 East 66th, Street

17. (a) Burial (b) Date thereof 5/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Mo.

19. (a) 5-9-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations no
Of autopsy no
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 5
23. Signature Thomas J. Draney (M. D. or other) may 5-
Address 910 Argyle Bldg Date signed 1944

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

Dr. Thos. Draney.
Argyle Bldg.
306 East 12

V15316

1 PM

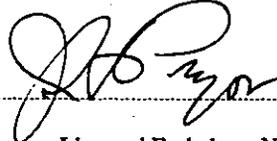
MAY 29 1944

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.....



Licensed Embalmer No. 2999

P. O. Address. KC

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.