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K3723

FILED JUN 22 1944
Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 2391

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:
5602 SWOPE PARKWAY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 72 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. 5602 SWOPE PARKWAY
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. MAY BAUMGARDNER FLACY

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. ALBERT FLACY 6. (c) Age of husband or wife if alive UNK years

7. Birth date of deceased FEBRUARY 7 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 25 If less than one day 26 hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name FRANCIS M. BAUMGARDNER

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

14. Maiden name LOUISA JONES

15. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MR. ALBERT FLACY

(b) Address 5602 SWOPE PARKWAY

17. (a) BURIAL (b) Date thereof JUNE 6 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEM.

18. (c) Signature of funeral director: W. H. Mucamer's Son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-5-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 3RD
year 1944 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from

that I last saw him As Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart

Due to Disease

Due to

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Inspection History

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature A. E. Upsher (M. D. or other)

Address 123 Main Date signed 6/19/44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Emile M. Calhoun

Licensed Embalmer No. *3506*

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.