

V. S. No. 2
00M—8-43
Rev. 5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26814

FILED SEP 7 1944
Registration District No. 199

Primary Registration District No. 1002

State File No. _____

Registrar's No. 3387

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: Menorah Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether
 In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME Lee C. Flanagan

3. (b) If veteran, name war No

3. (c) Social Security No. 487-01-0535

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Mrs. Anna Flanagan

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November 10th 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Asst. Supt. Steam Distribution

11. Industry or business Kansas City Power & Light Co.

MOTHER FATHER

12. Name Albert C. Flanagan

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

14. Maiden name Mary Cover

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

16. (a) Informant Mrs. Anna Flanagan

(b) Address 5328 Park Avenue

17. (a) Burial (b) Date thereof 8-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (c) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) 8-17-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

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. 5328 Park Avenue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th
 year 1944 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from July 25th, 1944, to Aug 16th, 1944
 that I last saw h. in alive on Aug 16th, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis Endocarditis
Mraenic Poisoning } 3 weeks
 Duration

Due to Following prostatectomy
3 mos previous
for hypertrophy of prostate

Due to _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Joseph Kelenovic (M. D. or other) M. 10
 Address 1819 Pualto Bldg Date signed 8-17-44

Ernest Getelson
Rialto Bldg.
403 Mill St.
1206-PM

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 *J. A. Freeman*

Licensed Embalmer No. 2939

P. O. Address F. O. 2110

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.