

FILED JAN 4 1945
Registration District No. 129

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3302 Pennsylvania
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3302 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Ireland

3. (a) PRINT FULL NAME Mrs Mary Flavin

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward Flavin 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec. 1, 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 15 If less than one day hr. _____ min. _____

9. Birthplace County Kerry 4 Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name David Dillon
13. Birthplace Unknown 4 Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brosnahan
15. Birthplace Unknown 4 Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant James Flavin
(b) Address St Louis Missouri

17. (a) Burial (b) Date thereof 12-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Melody-McGilley
(b) Address Kansas City Missouri

19. (a) 12-18-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month December day 16
year 1944 hour 5:30 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from Sept 29
1944 to Dec. 16 1944
that I last saw her alive on Dec 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema 3 hrs
Chronic Myocarditis 3 yrs
and Hypertension 10 yrs.

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

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) (e) Means of injury 93
23. Signature P. J. O'Connell (M. D. or other) _____
Address 207 Westtown Belg. Date signed 1/18

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

MOTHER FATHER

413

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

J. B. [Signature]
2999
KC

Licensed Embalmer No.....

P. O. Address.....

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.