

FILED JUL 30 1945

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3040

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:
4712 East 27th St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City 7
(If outside city or town limits, write "RURAL")
(d) Street No. 4712 East 27th St., 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Flora Viola Yates

3. (b) If veteran, name war no. 3. (c) Social Security No. 491-22-3068

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

6. (b) Name of husband or wife unknown. 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased October 25 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 8 23 hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home.

11. Industry or business X

12. Name Fred Uphin

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Darr

15. Birthplace Pennsylvania 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lorraine Daniels
(b) Address 4712 E. 27th, Kansas City, Mo.

17. (a) Burial (b) Date thereof 7-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-20-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1945 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from June 1st 1945 to July 18th 1945
that I last saw her alive on June 1st 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 5 min.

Due to Previous attack of Coronary

Due to Chronic myocarditis
Post-Operative Cholecystectomy 6 weeks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 —

23. Signature Dr. Joseph E. Peterson (M. D. or other) M.D.
Address 12119 Reister Blvd. Date signed 7-20-45

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

MOTHER FATHER

Dr. Joseph Getelson, Rialto Bldg., Ha 1180

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. 1415
P. O. Address K. C. M. S.

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.