V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26408

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3434

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: 801 West Gregory Blvd. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 70 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 801 West Gregory Blvd. 8
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Ellanor FLYNN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased June 8th, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	2	6	..... hr. ..... min.

9. Birthplace Kansas City Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business At Home

FATHER
12. Name Michael Flynn
13. Birthplace ..... Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine McCarthy
15. Birthplace ..... Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Nora Flynn, Sister

(b) Address Kansas City Missouri

17. (a) Burial (b) Date thereof 8/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address K.C.Mo.

19. (a) 8/16/45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14
year 1945 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	
Due to Arterio-Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations .....
Of autopsy no History & Inspection

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature James C Walker (M.D. or other) Coroner

Address 1424 Profm Bldg Date signed 8-15-45

(Licensed Embalmer's Statement on Reverse Side)

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: 152

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.