

FILED OCT 23 1945
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4186

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:
General Hospital, enroute. 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson Mo
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 12 East 78th St Terrace
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN G FLAHERTY
 3. (b) If veteran, name war World War 1
 3. (c) Social Security No. 487-03-2356

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 10 day 9
 year 1945 hour 1:55 minute P M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Rita Flaherty
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 1 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
48 7 8 hr. _____ min.

Immediate cause of death pneumonia
 Due to _____
 Due to _____
 Other conditions 178X
(Include pregnancy within 3 months of death)

9. Birthplace Decatur Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Refrigeration Engineer
 11. Industry or business City Ice Co.

Major findings: Of operations _____
 Of autopsy no
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER {
 12. Name John T Flaherty
 13. Birthplace Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Leonard
 15. Birthplace New York
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence 10-9-45 1945
 (c) Where did injury occur? 3129 Wood St. K.C. Jackson Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place
(Specify type of place)
 While at work? yes (e) Means of injury ammunition
 23. Signature James Sullivan (M. D. or other) _____
 Address 1824 Ruf. Rd. Date signed 10-9-45

16. (a) Informant Jack Flaherty
 (b) Address 12 East 78th St Terrace
 17. (a) Burial (b) Date thereof 10/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Durk & Robin Co
 (b) Address 20 West Linwood
 19. (a) 10-11-45 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

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 Maudie Adams

Licensed Embalmer No. 4016

P. O. Address Kansas City, 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.