

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: Vineyard Park Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 45 days
(Specify whether years, months or days)
 In this community 75 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 7636 Lydia 8
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Miss Catherine E. FLANAGAN
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced Single 0
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased August 8, 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 9 29 hr. min.

9. Birthplace Pontiac Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

MOTHER FATHER { 12. Name John Flanagan
 13. Birthplace --- Ireland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Hannah Maloney
 15. Birthplace --- Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jack Ryan

(b) Address 7636 Lydia, K. C., Mo.

17. (a) Burial (b) Date thereof 6-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address Kansas City, Missouri

19. (a) 6-9-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
 year 1947 hour 9 minute 05 A.M.
 21. I hereby certify that I attended the deceased from 1945 Feb
, 19..... to 6-8-47, 19.....
 that I last saw her alive on 6-8-47 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
 Due to fractured hip

Due to

Other conditions 1969
(Include pregnancy within 3 months of death)

Major findings: 1969
 Of operations
 Of autopsy

Duration
 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) Accident 123

(b) Date of occurrence 4-9-47

(c) Where did injury occur? 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?
at home

While at work no (Specify type of place) (e) Means of injury fall

23. Signature D. M. Higgins (M. D. or other) MD

Address 125 Argyle Bldg Date signed 6-9-47

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

Dr. B. M. Hayes

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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 Glenn J. Heck

Licensed Embalmer No. 4063

P. O. Address K. C. 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.