S. No. 2
DM—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1948

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41665

Primary Registration District No. 1002

Registrar's No. 5395

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: 4814 Wornall Road /
(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: 15 years
years, months or days)

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.: 4814 Wornall Road 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: John Martin Flynn

3. (b) If veteran, name war: Spanish-American

3. (c) Social Security No.: no.

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married /

6. (b) Name of husband or wife: Margaret Agnes Flynn

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: December (Month) 31 (Day) 1875 (Year)

8. AGE: Years 71 | Months 11 | Days 21 ~~22~~ | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Grain Broker

11. Industry or business: x

MOTHER FATHER

12. Name: Mathew Flynn

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

MOTHER

14. Maiden name: Mary Ann Barrett

15. Birthplace: Canada 2
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Margaret Agnes Flynn,

(b) Address: 4814 Wornall Road, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12-24-47 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Joseph, Missouri

18. (a) Signature of funeral director: Stine & McClure

(b) Address: 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 12-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1947 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from Oct 8, 1947 to Dec 22, 1947 that I last saw him alive on Dec 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Caecum	1946
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): 1/10	

Major findings:
Of operations: Annular carcinoma caecum
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? (Specify type of place)

While at work?

(e) Means of injury: J

23. Signature: John B. Wilson (M. D. or other)

Address: 612 Professional Bldg. Date signed: 12/23/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Willitts

Coff Bldg.
12 45

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address N.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.