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MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29199**
Registrar's No. **118**

FILED OCT 7 1948
Registration District No. _____

Primary Registration District No. **3012**

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

1. PLACE OF DEATH:

(a) County **Clay**

(b) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Excelsior Springs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 Hours**
In this community **40 Years** (Specify whether years, months or days)

3: (a) PRINT FULL NAME **FRANHLIN JOHNSON FLANNERY**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Marguerite Flannery**

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

7. Birth date of deceased **April 3 1864**
(Month) (Day) (Year)

8. AGE: Years **84** Months **5** Days **3**
If less than one day hr. min.

9. Birthplace **Plette City Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **John Flannery**

13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Brooks**

15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marguerite Flannery**

(b) Address **335 E. Bwdy-Excelsior Springs Mo**

17. (a) **Burial** (b) Date thereof **9-8-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salem Cemetery**

18. (a) Signature of funeral director **Chas. V. Hope**

(b) Address **Excelsior Springs Missouri**

19. (a) **9/8/48** (b) **Caroline Hutchings**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Clay**

(c) City or town **Excelsior Springs**
(If outside city or town limits, write "RURAL")

(d) Street No. **335 E. Broadway**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **#**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **6**
year **1948** hour **5:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept. 5**
1948 to Sept 6, 1948
that I last saw him alive on **Sept 6, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Shock resulting from comminuted fracture of intertrochanter of right femur.**

Due to **Fall**

Due to _____

Other conditions **Cerebral hemorrhage arteriosclerosis, hypertension**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **10/11/48**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Sept. 5, 1948**

(c) Where did injury occur **home, Ev. Sngs, Clay, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

(Specify type of place) While at work _____ (e) Means of injury **Fall on floor**

23. Signature **R. M. Prater, M.D.** (M. D. or other)
Address **Excelsior Springs, Mo** Date signed **9/8/48**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-6-48

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 James A. Moles
Licensed Embalmer No. 3296
P. O. Address Excelsior Spgs 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.