

FILED DEC 14 1948 49
Registration District No. 949

Primary Registration District No. 1002

State File No. _____
Registrar's No. 4925

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:
709 Washington Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 709 Washington Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William E. Flynn
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 1
year 1948 hour 7 AM minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White 6. (g) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 9 1870
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>6</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death Coronary Sclerosis Duration _____

9. Birthplace Milford, Mass. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Due to _____
Due to _____

11. Industry or business _____
12. Name John Flynn
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Dowell
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Reptly coroner
Of operations _____

16. (a) Informant Mrs. Augusta Braunberger
(b) Address Adrian, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Montrose, Missouri

Of autopsy History 938
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place, K.C. Mo.
19. (a) 12-2-48 (Date received local registrar) (b) Stearline Holmes (Registrar's signature)

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? A. E. Upsher
While at work (Specify type of place) (b) Means of injury _____
23. Signature A. E. Upsher (M.D. or other) MD
Address 2800 Main (City or town) _____

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

MOTHER FATHER

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 _____

Blaine S. W. Hart

Licensed Embalmer No. 4075

P. O. Address L.C. 8, 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.