S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 7 1949

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 40123

Registrar's No. 5165

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: Research
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 5 days

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 650 N. Lightburne
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME ROBERT BURNS FLYNN
3. (b) If veteran, name war World War II
3. (c) Social Security No. 491-20-5584
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Hall Flynn
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased June (Month) 26 (Day) 1924 (Year)

8. AGE: Years 24 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Cattle Buyer & Stockman
11. Industry or business Wilson & Flynn
FATHER
12. Name Michael Joseph Flynn
13. Birthplace Marshall (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Ida Burns
15. Birthplace Leavenworth (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Mrs M.J. Flynn
(b) Address 447 N Leonard Liberty, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St Marys Kansas City Mo.
18. (a) Signature of funeral director [illegible]
(b) Address 119 E Franklin Liberty, Mo.
19. (a) 12-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 19 year 1948 hour 5 minute — P.M.

21. I hereby certify that I attended the deceased from Dec 14, 1948 to Dec 19, 1948 that I last saw h. alive on Dec 19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Massive Hemorrhage in each Parietal Lobe and in Corpus Callosum, frontal & Occipital Lobes (RA)	5 d
Due to of Brain due to car wreck Dec 14, 1948	
Due to 2 car collision	
Other conditions Fract Femur, Rt (Include pregnancy within 3 months of death)	5 d

Major findings:
Of operations 170 c 22
Of autopsy None

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
(b) Date of occurrence Dec. 14, 1948
(c) Where did injury occur? Highway 169 (City or town) Clay (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 169 (Specify type of place)
While at work
(e) Means of injury Auto wreck

23. Signature Glenn W. Hendren (M. D. or other)
Address Liberty, Mo Date signed 12/19/48

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1949

JUN 14 1949

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 O J Carder Jr

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.