

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4782

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>		STREET ADDRESS (If rural, give location) <u>514 1/2 Main</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>HERBERT</u>	c. (Last) <u>Flora</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>1 22 1955</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Dec. 19, 1881</u>		9. AGE (In years last birthday) <u>73 yrs.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>elevator operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paper Box Mfr.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Pomona, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>S. D. Flora</u>		13b. MOTHER'S M maiden NAME <u>Martha Harbour</u>	
14. NAME OF HUSBAND OR WIFE <u>never married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	
16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Oma Watkins.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ADDRESS <u>K.S. Ms.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emaciation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>E9000</u> <u>21</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of right hip</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Above address</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson, Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 8 1954</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell while walking down steps</u>		22. I hereby certify that I attended the deceased from <u>Dec. 8</u> , 19 <u>54</u> , to <u>Jan. 22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan. 22</u> , 19 <u>55</u> , and that death occurred at <u>1:05P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>24th & Cherry</u>	
23c. DATE SIGNED <u>1-24-1955</u>		24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>	
24b. DATE <u>1-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Sem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Ms</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. F. Porter & Son</u>	
DATE REC'D BY LOCAL REG <u>1-24-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	
ADDRESS <u>H.S. Ms.</u>		ADDRESS <u>H.S. Ms.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Buss

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Howard L. Porter*.....

Licensed Embalmer No. *375*.....

P. O. Address *19th & M
K.S. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.