

REC'D MAR 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6744
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 400
 (b) Township Lees Summit Primary Registration District No. 4235 Registered No. 54
 (c) City Lees Summit (d) Street No. East Third St St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 456
 2. PRINT FULL NAME Martha Ellen McQuery Flanery
 (a) Residence, No. Lees Summit Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. Flanery
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3rd 1873
 7. AGE YEARS 76 MONTHS 1 DAYS 25 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ind.
 FATHER 13. NAME Leander McQuery
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ind.
 MOTHER 15. MAIDEN NAME Martha Pierce
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ind.
 17. INFORMANT (ADDRESS) John M. Flanery, Lees Summit, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Valentine Cem DATE Mar 2 - 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fields Funeral Home, Lees Summit Mo.
 20. FILED March 2, 1939 William T. Fields Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1939
 22. I HEREBY CERTIFY, That I attended deceased from January 28, 1939 to Feb. 28, 1939
 I last saw her alive on Feb. 26, 1939. Death is said to have occurred on the date stated above, 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia Date of onset 2-22-39
Pericardial Anemia 1930
Benign cystic ovarian tumor 1932
 Other contributory causes of importance:
54
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) Clint L. Miller M. D.
 (Address) Lees Summit Mo
31-25

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

P. C. Linds

Licensed Embalmer No. *2957*

P. O. Address.....

Leis Summit 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, above space should be left blank.