DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5512

Registration District No. FILED MAR 11 1940 399

Primary Registration District No. 1002

Registrar's No. 737

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: 1914 Poplar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community
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. 1914 Poplar
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 77 years.

3. (a) PRINT FULL NAME MRS. BRIDGET FLYNN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John J Flynn

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

7. Birth date of deceased June 1 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Dennis Maloney

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

14. Maiden name Ann Cooney

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

16. (a) Informant's own signature Mrs Anna Flynn
(b) Address 1914 Poplar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys' Cemetery

18. (a) Signature of funeral director Burke & Sohn Co
(b) Address 20 West Linwood

19. (a) Feb. 19, 1940 (Date received local registrar) (b) M. D. Crouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day Feb year 1940 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from 1932, 19__, to Feb 16, 1940, that I last saw her alive on Feb 14th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus — Duration

Due to n/a

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Paul V. O'Keefe (M. D.)
Address 1402 Bryant Bldg Date signed 2-17-40

(Licensed Embalmer's Statement on Reverse Side)

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

MARGIN RESERVED FOR BINDING

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.

V. S. O. 2.
50M-5-17-39
Rev. 5-17-39
Form 1 X19311

Flynn

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 Charles M Quick

Licensed Embalmer No. 3774

P. O. Address KCMo.

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.