

399

1002

Registrar's No. **2000**

Registration District No. _____

Primary Registration District No. _____

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 6427 Mc Lee
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 19 years years, months _____ days _____ (Specify whether)

3. (a) PRINT FULL NAME Paul Eldridge Flagg

8. (b) If veteran, name war World 8. (c) Social Security No. no

4. Sex m. 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elizabeth E. Flagg 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 29, 1889
 (Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation City Girl Plan

11. Industry or business Junior Board

12. Name E. D. Flagg

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

14. Maiden name Helen B. Serpant

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

16. (a) Informant's own signature Elizabeth E. Flagg

(b) Address 6427 Mc Lee

17. (a) Burial (b) Date thereof 7-15-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves

18. (a) Signature of funeral director Frederick Marney

(b) Address 104 W. 42nd St

19. (a) July 14, 1940 (b) M. M. Browe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6427 Mc Lee
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 7-12-40
 year _____ hour _____ minute _____

21. I hereby certify that I attended the deceased from 10:15 P.
 to _____, 19____;

that I last saw _____ alive on _____, 19____;

and that _____ occurred on the date and hour stated above.

If you state cause of death _____

Acute pulmonary congestion
 Due to _____

Chronic diffuse myocardial fibrosis
 Due to _____

Coronary sclerosis
 Other conditions _____

(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____

Of operations _____

Of autopsy _____

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? 3rd

While at work _____ (Specify place of place) Means of injury _____

28. Signature M. M. Browe (M. D. or other)

Address _____ Date signed _____

COPY UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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.