

Registration District No. 395

Primary Registration District No. 5551A

Registrar's No. _____

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

1. PLACE OF DEATH: Jackson

(a) County Rural Sni a Bar Twp

(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Hubert F. Flynn

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Jaunita

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Oct 5th 1910
(Month) (Day) (Year)

8. AGE: Years 36 Months 9 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Blue Springs Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Flynn

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

14. Maiden name Alice Stewart

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

16. (a) Informant John Kuch

(b) Address Blue Springs Mo.

17. (a) Burial (b) Date thereof Aug 6 1940
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Independence

18. (a) Signature of funeral director [Signature]

(b) Address Blue Springs

19. (a) Aug 10, 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Rural, Blue Springs Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 4mi North East Blue Sprig
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1940 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from Aug 4 _____, 1940, to Aug 7 _____, 1940;

that I last saw him alive on Aug 4 _____, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to _____

Due to _____

Other conditions 940
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration 20 hrs

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 [Signature] (M. D. or other) MD

Address Independence Mo Date signed 7-5-40

JAN 28 1953

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. *2353*

P. O. Address..... *Blue Springs*

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.