o. 2
13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37926

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4524

FILED DEC 11 1940

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: 3516 Summit,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks, (Specify whether)

In this community 36 years,
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. 6139 Brookside Blvd.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Adeline Flood

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 Widowed,

6. (b) Name of husband or wife Robert W. Flood,

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

7. Birth date of deceased May 30th, 1864,
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	5	27	hr. min

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

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Francis M. Wadley,
13. Birthplace Unknown,
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown,
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Flood,
(b) Address 6139 Brookside Blvd., K. C., Mo.

17. (a) Burial, (b) Date thereof 11-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Nov. 27, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th, year 1940, hour 7:50 minute A. M.

21. I hereby certify that I attended the deceased from September 14, 1940, to Nov 27, 1940 that I last saw her alive on Nov 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coma & myocardial failure - arteriosclerotic

Due to Uremia - Encephalomalacia.

Due to 93 B

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 G. E. Kreppenberger (M. D. ~~or other~~)
Address 934 Ogden Bldg K C Mo Date signed 11/27/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. Knappenberger,

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 S. B. Allen

Licensed Embalmer No. 1415

P. O. Address 15 E. Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.