

No. 2  
4-13-40  
5-17-39  
I X2

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

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **3525 Park**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **28 Yrs.**  
In this community **28 Yrs.**  
years, months or days

3. (a) PRINT FULL NAME **Willis Edgar Flack**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **N**

4. Sex **Male** 5. Color of race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Margaret A** 6. (c) Age of husband or wife if alive **65** years  
7. Birth date of deceased **April 24th, 1868**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **13** If less than one day hr. min.

9. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Restaurant Operator**  
11. Industry or business **Restaurant**  
12. Name **John W. Flack**  
13. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lucinda Osborne**  
15. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Margaret Flack**  
(b) Address **3525 Park**  
17. (a) **Removal** (b) Date thereof **12/9/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Industry, Ill.**  
18. (a) Signature of funeral director **C.H. Blackman**  
(b) Address **2825 Indep. Ave**  
19. (a) **12-9-40** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

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. **3525 Park**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **7th.** year **1940** hour **9** minute **25 A. M.**  
21. I hereby certify that I attended the deceased from **Dec. 24, 1940** to **Dec. 27, 1940**  
that I last saw him alive on **Dec. 3, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial carcinoma**  
Due to \_\_\_\_\_  
Due to **47**  
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) (e) Means of injury \_\_\_\_\_  
23. Signature **John W. Flack** (M. D. or other)  
Address **408 1/2 E. 13th St. Bldg.** Date signed **12-9-40**

*Handwritten signature*

~~11:45~~

21 82 14

George Blodg,

11:45

**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... *H. D. Blackman* .....

..... Licensed Embalmer No. *3639* .....

..... P. O. Address... *A. C. 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, fact should be so stated above.