

JAN 10 1941

Registration District No. 399

Primary Registration District No. 1002

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

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community 37 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Mrs. Flossie Fleming Embree

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. William J. Embree 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Sept. 29 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 2 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

12. Name William Fleming

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

14. Maiden name Dona Williams

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

16. (a) Informant William J. Embree

(b) Address 2729 Mersington

17. (a) Burial (b) Date thereof Dec. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
Mt. Moriah Cem.

18. (a) Signature of funeral director R. V. Stapp

(b) Address 1401 Brush Creek Blvd.

19. (a) Dec. 19, 1940 M. M. Brown
(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. 2729 Mersington Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from April 15
1939, to December 17, 1940
that I last saw her alive on Dec 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 4 day
Due to Rheumatic Endocarditis
100

Other conditions Wife's static pneumonia
(Include pregnancy within 3 months of death)
Robert

Major findings:
Of operations _____

Of autopsy yes

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? 361

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

23. Signature R. V. Stapp (M. D. or other)
Address Argyle Bldg. Date signed 12/17/40

11-5
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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

Carole M. Calhoun

Licensed Embalmer No. *3506*

P. O. Address *K. 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, above space should be left blank.