

**WED 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 **5634 Harrison**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2**  
 In this community **Over 60 years** (Specify whether 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. **5634 Harrison**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Mrs. Anna Frances Flucke**

3. (b) If veteran, name war **xx** 3. (c) Social Security No. **No**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **John B. Flucke** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **August 22 1869**  
 (Month) (Day) (Year)

8. AGE: Years **71** Months **3** Days **28** If less than one day hr. min.

9. Birthplace **Brooklyn N. Y.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Frank Hueber**

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

14. Maiden name **Susan Kaupp**

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

16. (a) Informant **Richard A. Flucke**

(b) Address **5424 Tracy**

17. (a) **Burial** (b) Date thereof **12-23-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **J. M. Wagner**  
 (b) Address **Kansas City, Mo.**

19. (a) **12-20-40** (b) **M. M. Brown**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **Dec.** day **20th**  
 year **1940** hour **3** minute **47** A. M.

21. I hereby certify that I attended the deceased from **Dec 10<sup>th</sup>**  
 19**40**, to **Dec 20**, 19**40**,  
 that I last saw h<sup>e</sup> alive on **Dec 20**, 19**40**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure** Duration **2 weeks**

Due to **Chronic Myocarditis**

Due to **Hypertension Severity 93%**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

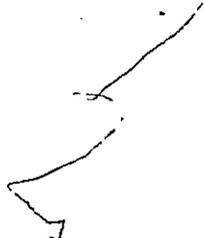
(b) Date of occurrence \_\_\_\_\_

(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? **3/5!**  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. W. Gist** (M. D. or other) **M.D.**

Address **927 Argyle Bldg. K.C. Mo.** Date signed **12/20/40**



**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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address K. C. MD

**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.**