No. 2
-10-39
17-39
X21492

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. 41589

FILED JAN 8 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4982

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: 2622 Monroe (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 61 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.: 2622 Monroe (If rural, give location)

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

3. (a) PRINT FULL NAME: Mrs. Frances Ann Flinn

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: Jan. 17, 1852 (Month) (Day) (Year)

8. AGE: Years 88 | Months 11 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace: Evansville (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: ____

MOTHER FATHER

12. Name: George Riley

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

14. Maiden name: Margaret Houston

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

16. (a) Informant: Mrs. Maude Kennedy

(b) Address: 1616 Hardesty

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 30-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: C.H.Blackman & Son, Inc.

(b) Address: 2825 Indep. K.C.Mo.

19. (a) 12-30-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1940 hour 10 minute 5 P M.

21. I hereby certify that I attended the deceased from 1935, 19__, to 12-27-40, 19__; that I last saw her alive on 12-27-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senescence & Senility	
Due to: Arteriosclerosis + Myocarditis & Cardiac	10 yr
Due to: A.D.D.	
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)

While at work? (e) Means of injury

23. Signature: Maurice Leibman (M. D. or other)

Address: 924 Prof Bldg Date signed 12-30-40.

(Licensed Embalmer's Statement on Reverse Side)

Mr. 9922 — Vx 3631

8.4 M Monday at Roosevelt Hosp. in Clinic. —

10:30 at office

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 K. C. Mo.

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, above space should be left blank.