

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13404

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1385

8
3
8
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:
1802 East 42nd Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -
(Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 1802 East 42nd Street **8**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? - 0 years.

3. (a) PRINT FULL NAME Mr. Ted Raymond Flynn

3. (b) If veteran, name war No

3. (c) Social Security No. 496-03-5596

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1941 hour 2 minute 40 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Clara Flynn

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 22 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 17, 1941, to Apr. 6, 1941
that I last saw him alive on Apr. 5, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

51 8 15 hr. min.

Immediate cause of death Renal-Cardiac-Vascular

Due to Chronic Phlebot | 31 | Duration

Due to _____

Other conditions (include pregnancy within 3 months of death) 131

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

10. Usual occupation Furniture Finisher

11. Industry or business Union Labor Work

12. Name James King

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

14. Maiden name Mary Baker

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Marnie R. Watts

(b) Address 1802 E 42nd

17. (a) Burial (b) Date thereof April 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1111 Memorial Park Cem.

18. (a) Signature of funeral director D. H. Newcomes Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Apr 8 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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? 31

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

23. Signature [Signature] (M. D. or other) 0

Address 802 E. Park Date signed 4/7/41

MAY 15 1946

2-5
805-1000
C. C. Mo.

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 *C. Harvey Quisenberry*

Licensed Embalmer No. *4070*

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.