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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37625

State File No. _____

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4420

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: 2453 Troost
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 55 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048
300
0
(a) State Missouri (b) County Jackson
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 2453 Troost 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME HENRY GARLAND FLOWERS

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 27
year 1941 hour 7 minute 30 P.M.

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

21. I hereby certify that I attended the deceased from Nov 19, 1941, to Nov 27, 1941
that I last saw him alive on Nov 24, 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie E. 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased: July 31, 1859
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 5 years

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>26</u>	hr. _____ min.

Due to arteriosclerosis

9. Birthplace Near Portsmouth Ohio
(City, town, or county) (State or foreign country)

Due to Senility 930

10. Usual occupation Water Dep't Employee

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Kansas City, Mo.

Major findings: _____
Of operations: _____

12. Name Unknown Nathaniel Flowers

Of autopsy: _____

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

14. Maiden name Elizabeth Mercer

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

16. (a) Informant Mrs. M. May Williams
(b) Address 5717 Harrison

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? _____

17. (a) Burial (b) Date thereof Nov. 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.
(b) Address 2825 Indep. Blvd. Kansas City, Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H. B. Reese (M. D. or other) DO
Address 2722 Prospect Date signed 11/24/41

19. (a) 11-29-41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

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

Howen,
Dr. Pinner

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. B. Blackman

Licensed Embalmer No. *3639*

P. O. Address *15 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.