

FILED MAR 5 1943

State File No. _____

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 828

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:
DeLora Home For Elderly People-622 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Months
(Specify whether
In this community over 50 Years
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. 1334 East 73rd Street
(If rural, give location)
(e) Citizen of foreign country? none (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16th
year 1943 hour 7 minute 30A. M.
21. I hereby certify that I attended the deceased from Feb. 18th 1943
to Feb. 15th 1943
that I last saw him alive on Feb. 15th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic Myocarditis
Pulmonary Edema
Due to Arterio Sclerosis
Hemiplegia
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations:
Of autopsy: _____

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?

While at work? (Specify type of place) _____
Means of injury _____
23. Signature Anthony J. Pernicz (M. D. or other) _____
Address 2624 Independence Blvd Date signed 2-16-43

3. (a) PRINT FULL NAME Mr. Andrew Taylor Flory

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed Divorced Widowed

6. (b) Name of husband or wife Mrs. Lena Flory 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased May 22 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 8 25 24 hr. min.

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

10. Usual occupation Gold Smelter (Retired)

11. Industry or business Metropolitan Smelter in K.C., Kansas

12. Name Taylor Flory

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Geneva Mahoney

(b) Address 1334 East 73rd Street

17. (a) Burial (b) Date thereof Feb. 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D.W. Newcomer, Son

(b) Address 1401 Brush Creek Blvd

19. (a) 2-17-43 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

2614-10-30-10
10:30 - 10:30
10:30 - 10:30

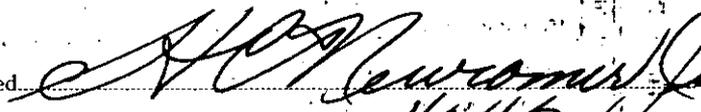
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 4043

P. O. Address R. C. M.

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.