

FILED MAR 5 1943 149
Registration District No. _____

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
(c) Name of hospital or institution: 1626 Oakley /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community Life (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. 1626 Oakley
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT Theresa Marie Flucke
FULL NAME

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

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

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased January 27 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 19 hr. min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Hubert B. Flucke

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

14. Maiden name Thelma Wheeler

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

16. (a) Informant Mrs. Thelma Flucke
(b) Address 1626 Oakley

17. (a) Burial (b) Date thereof 2-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

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

19. (a) 2-12-43 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th
year 1943 hour 3: minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb-15 1943 to Feb-16 1943
that I last saw him alive on 2-16-43
and that death occurred on the date and hour stated above.

Immediate cause of death acute mania Duration _____

Due to 158

Due to _____

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? _____

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

23. Signature J. W. Wagner (M. D. or other) _____
Address 833 Argyle Bldg Date signed 2/17/43

832 copy 2
11-8873

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 A. R. Hainschuld

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.