

S. No. 2  
M-5-42  
7-5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9088

State File No. ....

Registrar's No. **1393**

FILED MAR 31 1943

Registration District No. **749**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City, Mo.**

(b) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **3030 Woodland Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6. Mo.** (Specify whether years, months or days)

In this community **6. Mo.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Missouri** (b) County **Jackson** **7**

(c) City or town **Kansas City, Mo.** **8**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3030 Woodland Ave.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME **Katie Flaherty**

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

3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21<sup>st</sup>**  
year **1943** hour **3** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **July 18, 1942** to **March 21, 1943**  
that I last saw **her** alive on **Feb. 8, 1942** and that death occurred on the date and hour stated above.

4. Sex **Female**

5. Color or race **Wh.**

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

6. (b) Name of husband or wife **Husband Micheal Flaherty**

(c) Age of husband or wife if alive **44** years

7. Birth date of deceased **Nov 27 1856**  
(Month) (Day) (Year)

Immediate cause of death **Chronic myocardial disease**  
**Arterio-sclerosis. Senility**

Due to **92.5**

Duration **92.5**

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

**86.87** **3** **18.24** hr. min.

9. Birthplace **Limerick Ireland**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Unknown**

MOTHER, FATHER {

12. Name **Unknown**

13. Birthplace **Unknown**  
(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 **Ed. M. Flaherty (Son)**

(b) Address **3030 Woodland Ave.**

17. (a) Removal **Mar. 24-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Frankport Kansas**

18. (a) Signature of funeral director **Eylar Funeral Home**  
**1800 Linwood Blvd.**

(b) Address **3/22/43**

19. (a) **3/22/43** (Date received local registrar)

(b) **M. M. Brown** (Registrar's signature)

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None**

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) **None**

(b) Date of occurrence **None**

(c) Where did injury occur? **None**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**

While at work? **None** (Specify type of place)

(c) Means of injury **None**

23. Signature **Robert J. Garrison M.D.**

Address **2220 E 31st St** Date signed **3-22-43**

**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..... *Chas Wilks* .....

Licensed Embalmer No. *2644*

P. O. Address. *1800 Linwood*

**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.**