

REGISTERED JUN 7 1943

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  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Conley Clinical Hospital-2105 Independence Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Days  
 In this community 43 Years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Miss Opal Marie Flacy  
**3. (b) If veteran,** None **3. (c) Social Security name war** None **No.** None

**4. Sex** Female **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Single  
**6. (b) Name of husband or wife** --- **6. (c) Age of husband or wife if alive** ----- years  
**7. Birth date of deceased** June 11 1907  
 (Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days     | If less than one day |
|---------|-----------|-----------|----------|----------------------|
|         | <u>45</u> | <u>11</u> | <u>4</u> | hr. min.             |

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

**10. Usual occupation** Owner Hardware Store  
**11. Industry or business** 5602 Swope Parkway

**12. Name** Albert Flacy  
**13. Birthplace** Kansas City Missouri  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** May Baumgardner  
**15. Birthplace** Kansas City Missouri  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Mr. Albert Flacy  
**(b) Address** 5602 Swope Parkway

**17. (a) Burial** Forest Hill Cemetery **(b) Date thereof** May 18, 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation**

**18. (a) Signature of funeral director** J. W. Newcomer  
**(b) Address** 1401 Brush Creek Blvd.

**19. (a) 5-18-43** **(b) M. M. Crowe**  
 (Date received local registrar) (Registrar's signature)

**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. 5602 Swope Parkway  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ---

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month May day 15 th  
 year 1943 hour 3 minute 30 P.M.  
**21. I hereby certify that I attended the deceased from** May 13  
1943 to May 15 1943  
 that I last saw him alive on May 15 1943  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Intestinal Obstruction (strangulation)  
Adhesions between adjacent loops of jejunum.

Due to Intestinal Obstruction (strangulation)  
 Due to Adhesions between adjacent loops of jejunum.  
 Other conditions 12.2.B  
 (Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: Adhesions adjacent loops of jejunum at distal portion  
 Of operations None  
 Of autopsy None  
 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** George J. Conley (M. D. or D.O.)  
**Address** 116 W 47th St KC Mo **Date signed** 5/17/43

9-5-5  
R. C. Newcomer  
212 James St.  
Bldg.

**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..... *R. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address..... *R. C. Newcomer*

**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.**