V. S. No. 2
00M—2-43
Rev. 5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 27309

SEP 7 194 Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3722

**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:
21 West 65th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -----
In this community 54 Years (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. 50 East 53rd Street Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Martha Hunter Flaugh

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Charles L. Flaugh

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased March (Month) 17 (Day) 1865 (Year)

8. AGE: Years 78 Months 5 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Saegertown (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

FATHER
12. Name Wilson B. Hunter
13. Birthplace Crawford County (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Ellen Emery
15. Birthplace Crawford County (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant C. L. Flaugh
(b) Address 50 E. 53rd Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 8-28-43 (Date received by local registrar) (b) J. E. Brown Dep. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 26th year 1943 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Deputy Coroner, to Coroner, 19__; that I last saw h. alive on 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease. — Duration

Due to

Due to

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Inspection & History

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? (Specify type of place)

While at work? Means of injury

23. Signature Ola Co. Flasher (M. D. or Other) M.D.
Address 23 McCoy Date signed 8/26/43

(Licensed Embalmer's Statement on Reverse Side)

## 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. Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address. KC 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.**