

37256

V. S. No. 2
100M-2-43
Rev. 5-17-39
-I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4952**

FILED DEC 3 1943
Registration District No. **219**

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: **Cresthaven Conv. Home, 3516 Summit**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 mo. 21 days**
In this community **8 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. **921 West 33 Terrace**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ALTON A. FLANDERS**

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

4. Sex **Ma** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **July 8 1857**
(Month) (Day) (Year)

8. AGE: Years **86** Months **4** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Batavia N.Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Druggist**

11. Industry or business **St. Louis, Mo. Chas. W. Flanagan**

12. Name **No Record** 13. Birthplace **No Record** (City, town, or county) (State or foreign country)

14. Maiden name **No Record** 15. Birthplace **No Record** (City, town, or county) (State or foreign country)

16. (a) Informant **Chester F. Adams** (b) Address **921 W. 33rd Terrace**

17. (a) **Cremation** (Burial, cremation, or removal) (b) Date thereof **11-24-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

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

19. (a) **11-24-43** (Date received local registrar) (b) **D. C. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **22** year **1943** hour **7**: minute **30** P. M.

21. I hereby certify that I attended the deceased from **Oct 31** to **Nov 22** 19**43** that I last saw **him** alive on **Nov 19** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death: **Broncho Pneumonia**
General Arteriosclerosis
Due to Senility.

Duration
10 days
15 yrs

Due to _____
Other conditions (Include pregnancy within 3 months of death) **107**

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) (c) Means of injury _____
23. Signature **P. J. Cornell MD** (M. D. or other) **11/23/43**
Address **207 West 33rd Bldg.** Date signed **11/23/43**

W.E. 3564
Mortuary Co.
MORTUARY

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. P. Hainschild

Licensed Embalmer No. 4159

P. O. Address. Kansas City 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.