

FILED DEC 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40096

Registration District No. 109

Primary Registration District No. 1002

Registrar's No. 4995

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:  
1706 E. 36th St.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify, whether  
In this community 2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1706 E. 36th St.,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDNA LEONA FLOM

3. (b) If veteran, name war No 3. (c) Social Security No. 499-16-9503

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

6. (b) Name of husband or wife Neal 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept. 18, 1904  
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Kenesaw Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation Machine Loader

11. Industry or business Pratt-Whitney

12. Name Edward Jeanquart

13. Birthplace Deperre Wisconsin  
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Redman

15. Birthplace Deperre Wisconsin  
(City, town, or county) (State or foreign country)

16. (a) Informant Neal Flom

(b) Address 1706 E. 36th St.,

17. (a) Burial (b) Date thereof 12/11/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.  
(b) Address Kansas City, Mo.

19. (a) 12-11-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9  
year 1944 hour 10 minut 15 A. M.

21. I hereby certify that I attended the deceased from Sept 15, 1944  
to Dec 9, 1944

that I last saw her alive on Dec 9, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver Duration 4 Mo.

Due to unknown

Due to unknown

Other conditions (Include pregnancy within 3 months of death) 46 lb

Major findings: Cancer Liver

Of autopsy no

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? \_\_\_\_\_

C. While at work? (Specify type of place) (e) Means of injury 0

23. Signature M. A. Lasholtz (Date signed 12-11-44)  
Address 4000 Baltimore Rd. K.C. Mo.

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

MOTHER FATHER

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**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.....

*W. D. Blackman*

Licensed Embalmer No.....

*3639*

P. O. Address.....

*H. C. 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.**