

FILED MAR 10 1947  
Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mos.  
(Specify whether  
In this community unknown  
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. 1219 Bellefontaine  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Charles Flanders

3. (b) If veteran, name war World War I

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 4 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 6 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Charles Flanders  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Cora (Unknown)  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Don Flanders  
(b) Address 2730 Cypress; K.C., Mo.

17. (a) Burial (b) Date thereof 2-26-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wadsworth, Kansas

18. (a) Signature of funeral director Weilert Funeral Home  
(b) Address Kansas City, Missouri

19. (a) 2-25-47 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24  
year 1947 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from  
Dec. 25 1946 to Feb. 24 1947  
that I last saw h. im. alive on Feb. 24 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis with cardiac hypertrophy and dilatation

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

Duration

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)  
(e) Means of injury 1

23. Signature Wm W. Hart (M.D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed \_\_\_\_\_

Dr. Hill  
Dr. Cressman

MAY 9 1942

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 Blaine E. Walnut

Licensed Embalmer No. 4075

P. O. Address K.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.