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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27682
Registrar's No. 3702

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Trinity Lutheran
(d) Length of stay: In hospital or institution 20 minutes
In this community 20 min.

3. (a) PRINT FULL NAME: INFANT FLAIR
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: m Color or race: white
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:
7. Birth date of deceased: August 28 1947

8. AGE: Years Months Days If less than one day
hr. 20 min.

9. Birthplace: Kansas City Mo

10. Usual occupation: infant

11. Industry or business:

MOTHER FATHER
12. Name: Robert James Flair
13. Birthplace: Eldon Mo
14. Maiden name: Ruth Justin Alling
15. Birthplace: Kansas City Mo

16. (a) Informant: R.J. Flair

(b) Address: 2432 Troost Apt 21

17. (a) Burial (b) Date thereof: 8-29-1947

(c) Place: burial or cremation: Green Lawn

18. (a) Signature of funeral director: C.H. Blackman & Son, Inc

(b) Address: 2825 Independence Blvd.

19. (a) 8-29-47 (b) Signature: Geraldine Holmes

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(d) Street No.: 2432 Troost
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 28 year 1947 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from
that I last saw alive on
and that death occurred on the date and hour stated above.

Immediate cause of death:
Genital Abnormality of the left diaphragm with abdominal viscera in left Thorax.

Other conditions:
Major findings: 1578

Of operations:
Of autopsy: above

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?
(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: J. L. Hill (M. D. or other) M.D.
Address: Trinity Lutheran Hosp. Date: 28 Aug 47

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.