

No. 2  
5-17-39  
I X38671

FILED SEP 18 1948  
Registration District No. **49**

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:  
2101 Linwood Boulevard /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether)  
In this community 1 year  
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. 2101 Linwood Boulevard  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mrs. Mary Ann FLINT  
3. (b) If veteran, name war no 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Sept. day 9  
year 1948 hour 1 minute 45 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Chas. A. Flint 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 30, 1869  
(Month) (Day) (Year)

Immediate cause of death  
Suppurative Osteomyelitis  
Probable Septicemia  
Due to Fracture of right hip

8. **AGE:** Years Months Days If less than one day  
78 11 9 hr. min.

Due to \_\_\_\_\_  
Other conditions Toxic Nephritis 1860  
(Include pregnancy within 3 months of death)  
Deputy Coroner

9. Birthplace Newark New Jersey  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See Above

10. Usual occupation At home  
11. Industry or business \_\_\_\_\_  
12. Name Carl Shickel  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 123  
(b) Date of occurrence July 9, 1948  
(c) Where did injury occur? Kansas City, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Fell on sidewalk  
While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature C. E. Walker M. S. 11/8/48  
2800 Main (M. Registrar) Date signed \_\_\_\_\_  
Address \_\_\_\_\_

16. (a) Informant Mrs. Eleanor Hallauer  
(b) Address 2101 Linwood Blvd., K.C., Mo.  
17. (a) Removal (b) Date thereof 9-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Stockton, Kansas  
18. (a) Signature of funeral director Melody-McGilley-Eylar  
(b) Address Kansas City, Missouri  
19. (a) 9-10-48 (b) S. Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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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.....

*Donald M. Mallatt*

Licensed Embalmer No.....

*4570*

P. O. Address.....

*A.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.**