No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32885

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3968

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~~: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9-23-48 to 9-28-48 (Specify whether
In this community 53 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 5325 - Swope Parkway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME Chauncey Flora

3. (b) If veteran, name war No

3. (c) Social Security No. 500-14-0920

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband or~~ wife MRS. ANNA FLORA

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased OCTOBER (Month) 1 (Day) 1871 (Year)

8. AGE: Years 76 Months 11 Days 27 If less than one day ___ hr. ___ min.

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

10. Usual occupation Retired

11. Industry or business MUSICIAN

FATHER
12. Name RUDOLPH FLORA
13. Birthplace WILKSBURG (City, town, or county) PENNSYLVANIA (State or foreign country)

MOTHER
14. Maiden name SOPHA ABLE
15. Birthplace WILKSBURG (City, town, or county) PENNSYLVANIA (State or foreign country)

16. (a) Informant Mrs Anna Flora

(b) Address 5325 Swope Parkway

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-30-1948 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 9-30-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 28 year 1948 hour 11 30 minute A M.

21. I hereby certify that I attended the deceased from 9 23, 1948, to 9-28, 1948; that I last saw him alive on 9-28, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Atelectasis	1 day
Due to Pulmonary Emboli	4 day
Due to Suppuration Appendicitis & General Peritonitis	5 day
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 12
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harry C. Lapp (M. D. or other) M.D.

Address 1314 PROFESSIONAL BLDG. Date signed 9-29-48

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Braking

Licensed Embalmer No. 4483

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.