

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **36537**  
Registrar's No. **4746**

FILED DEC 4 1948

Registration District No. **449**

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:  
**4345 Cleveland**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community **38 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. **4345 Cleveland**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Arra C. Flaherty**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lillian H. Flaherty**

6. (c) Age of husband or wife if alive **77 years**

7. Birth date of deceased **June 19, 1868**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **19th**  
year **1948** hour **11.45** P. M.  
minute

21. I hereby certify that I attended the deceased from **Sept 15** 19**47** to **Nov. 19** 19**48**  
that I last saw h **in** alive on **Nov. 1** 19**48**  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<b>80</b>	<b>5</b>	<b>0</b>	hr. _____ min.

Immediate cause of death **Mitral Regurgitation + Myocarditis**  
Duration \_\_\_\_\_

Due to **Focal Infection**

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

9. Birthplace **Maryville, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Stonemason**

Other conditions **Chronic testicular neoplasms + Anemia**  
(Include pregnancy within 5 months of death)

11. Industry or business \_\_\_\_\_

12. Name **No record**

13. Birthplace **"**  
(City, town, or county) (State or foreign country)

14. Maiden name **"**

15. Birthplace **"**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations **131**  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **O. B. Flaherty**

(b) Address **2838 Forest Ave.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **Nov. 22, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

(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? \_\_\_\_\_

18. (a) Signature of funeral director: **Thos. E. Quirk**  
**4316 Troost Ave.**

(b) Address \_\_\_\_\_

19. (a) **11-20-48** (b) **Steraldine Holmes**  
(Date received local registrar) (Registrar's signature)

Harry Wm. Dugay (Specify type of place)  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature **Harry Wm. Dugay** (M. D. or other) \_\_\_\_\_  
Address **1401 Prospect** Date signed **11-20-48**

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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.....

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.**