

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33555**  
**4381**

FILED OCT 27 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>27 yep</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>704 Charlotte</u>	d. STREET ADDRESS (If rural, give location) <u>704 Charlotte</u> 3   30			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Brooklin</u> b. (Middle) <u>Flournoy</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 22, 1890</u>	9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 WKS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Use kind of work done during most of working life, even if retired) <u>Business</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mr. Vernon, Tinsmith</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lev. Rutledge</u>		13b. MOTHER'S MAIDEN NAME <u>Law. Kinsley</u>		14. NAME OF HUSBAND OR WIFE <u>A. J. Flournoy</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cynthia Flournoy</u> ADDRESS <u>704 Charlotte</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Di-</u> <u>ease &amp; Paralytic Stroke</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Co. Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>8-18-51</u> to <u>10-13-51</u> , that I last saw the deceased alive on <u>10-10-51</u> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Chas. E. Dirksen, M.D.</u>		23b. ADDRESS <u>719 1/2 Judyp. av.</u>		23c. DATE SIGNED <u>10-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/16/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burial</u>	24d. LOCATION (City, town, or county) (State) <u>Missouri, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>10-15-51</u>	REGISTRAR'S SIGNATURE <u>Maudine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter L. Bess</u> ADDRESS <u>18th &amp; Benton</u>		

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

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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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Laurence A. Jones*.....

Licensed Embalmer No. *4429*.....

P. O. Address *18<sup>th</sup> Benton*.....

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.