

FILED FEB 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1245
273

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>19 years</u>		d. STREET ADDRESS (If rural, give location) <u>4911 Baltimore</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4911 Baltimore</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> b. (Middle) <u>J</u> c. (Last) <u>FLYNN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 14 1887</u>	9. AGE (In years last birthday) <u>66</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Luke's Hospital</u>	11. BIRTHPLACE (State or foreign country) <u>Baring Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>JOHN FLYNN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN RILEY</u>	14. NAME OF HUSBAND OR WIFE <u>Neil Flynn, Ellen</u>
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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>488-32-9937</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Neil Flynn, Ellen 4911 Baltimore</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the manner of dying, such as fall, fracture, asthma, etc., means the diagnosis, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic disease</u> DUE TO (c) <u>hypertension</u>		<u>12 hrs</u> <u>1 year</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

19a. DATE OF OPERATION <u>3-2-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-10, 1952, to 1-17, 1952, that I last saw the deceased alive on 1-17, 1952, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>John T. Skinner</u> (Print name and title)	23b. ADDRESS <u>1102 Green P.C. MO</u>	23c. DATE SIGNED <u>1-17-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan 18 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Aloysius Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Baring Mo.</u>
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DATE REC'D BY LOCAL REG <u>1-18-52</u>	REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duerk + Robin 20 West Linwood</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7010
- 24

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~~.....

working under my personal supervision.

Student Embalmer No.....

Signed Forest D. Goldson

Signed.....
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K.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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 1245-52
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this February 21st 1952, 194, before me appears Ellen Flynn, who, upon her oath, states that the original record of birth death for Leo J. Flynn ^{died} January 17th 1952, 19 , in the State of Missouri, and which was filed at Kansas City ^{born} 18th Jan 18, 1952, should be corrected as follows:

Item No. 8 should read Oct 14 1886

Instead of Oct 14 1887

Item No. 9 should read 65 years

Instead of 64 years

Item No. 14 & 17 should read Ellen Flynn

Instead of Nellie or Nell

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ellen J. Flynn wife
Relationship.

4911 Baltimore Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 21st day of February 1952, 194

My Commission expires Nov 11 1952
Walter W. Davy Notary Public.

1952

S-1245