

MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5593
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Lawn Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 4847 E 17th St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Constance Delane Fincher
(a) Residence, No. 4847 E 17th St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 22 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1939, to Feb 22, 1939.
First saw her alive on Feb 22, 1939. Death is said to have occurred on the date stated above, at 8:00 P. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 - 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 22

Pertussis

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. child
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Date of onset Jan 30 1939

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

Other contributory causes of importance: Broncho-Pneumonia
Feb 18-19-39

FATHER 13. NAME Henry Fincher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Leona Nash
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Henry Fincher 4847 E 17th

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Feb 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rose Henderson 15 Jackson

20. FILED 7/23 1939 P.M. Brown Local Registrar.

Name of operation clinical observation Date of no
What test confirmed diagnosis? clinical observation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Charles Eldridge M. D.
(Signed) Charles Eldridge
(Address) 6247 Brookside Blvd K.C., Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Dr. E. Edredge
6200 Brookside

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, above space should be left blank.