

FILED FEB 6 1942
Registration District No. **1002**

Primary Registration District No. **1002**

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: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **48 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **310 South Jackson**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **D**

3. (a) PRINT FULL NAME **Carl George Finster**

3. (b) If veteran, name war **World War** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Amelia K. Finster** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 11 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 1 4 hr. min.

9. Birthplace **Kansas City (D) Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Sampler**

11. Industry or business **Board of Trade**

MOTHER FATHER {
12. Name **Charles A. Finster**
13. Birthplace **W. Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Balzli**
15. Birthplace **France**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Amelia K. Finster**

(b) Address **310 S. Jackson**

17. (a) **Burial** (b) Date thereof **1-19-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **1-17-42** (b) **M. M. Osmer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **15**
year **1942** hour **6:00** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 15 1942**
1941 to **Jan 15 1942**
that I last saw him alive on **Jan 15 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism**
Ruptured gastric ulcer
Bronchial pneumonia

Due to _____
Due to **Ulcer of Stomach** **2 years**

Other conditions **117a**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **Ruptured gastric ulcer**
Of autopsy **none**

Duration
2 days
22 days
19 days

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **1013 N. Emerald** Date signed **1-16-42**

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

190
1/42
P

