

FILED OCT 24 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3734

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:
1011 Spruce
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
(Specify whether 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. 1011 Spruce
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CHARLES SHERMAN FINCH

3. (b) If veteran, name war no (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Jennie Finch 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Nov 6 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Retired

MOTHER FATHER { 12. Name Thomas Finch
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Lucy
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie Bright

(b) Address 1011 Spruce

17. (a) Burial (b) Date thereof 10/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Cygne Kansas

18. (a) Signature of funeral director Durk & Robin Co

(b) Address 20 West Linwood

19. (a) 10/11/42 (b) M. M. Groves
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th Oct
year 1942 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct 8th, 1942 to..... 19.....;
that I last saw him alive on Oct 8th 1942, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma

Due to..... 46B

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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) (c) Means of injury

23. Signature Amey R. Thorn (M. D. or other).....
Address Med. Dir. K.C. Gen. Hosp. Date signed 10-10-42

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

48
3
8

48
3
8

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 Charles M. Quirk

Licensed Embalmer No. 3774

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.