7. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36196

State File No.

FILED NOV 19 1942

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4142

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

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: Kans. City Gen. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 yr. 10 mo. 20 days (Specify whether years, months or days)

In this community: 1 yr 10 mo 20 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Nodaway 74

(c) City or town: Quitman 0
(If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: ✓

3. (a) PRINT FULL NAME: Finney, Francis DeWitt

3. (b) If veteran, name war: —

3. (c) Social Security No. 507-09-9357

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lucile Duncan

6. (c) Age of husband or wife if alive: 34 years

7. Birth date of deceased: Oct (Month) 27 (Day) 1906 (Year)

8. AGE: Years 36 Months 0 Days 11 If less than one day: hr. min.

9. Birthplace: Carrollville (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Fireman

11. Industry or business: —

FATHER
12. Name: Joseph Finney
13. Birthplace: Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Lucy Hart
15. Birthplace: Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Lucile Duncan Finney
(b) Address: Quitman Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Maryville Mo

18. (a) Signature of funeral director: Stine-McClure
(b) Address: K.C. Mo

19. (a) 11-7-42 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7 year 1942 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 12-8, 1940 to 11-7, 1942 that I last saw him alive on Nov. 7, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Resp. Arrest	
Due to: Pulmonary Tuberculosis	
Due to: Diabetes ✓ Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death): 12 D	

Major findings:
Of operations:
Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: K.C. Gen. Hosp. K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 1415

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.