S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1942

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 39676

Registrar's No. 4534

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: K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos. & 2 days (Specify whether years, months or days)
In this community 20 yr

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.: 414 Garfield (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

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3. (a) PRINT FULL NAME: Floy Jackson Finsch

3. (b) If veteran, name war: Mo

3. (c) Social Security No.: none

4. Sex: Femal

5. Color or race: White

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

6. (b) Name of husband or wife: Emery Finsch

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

7. Birth date of deceased: Mar - 8 1896 (Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation: at Home

11. Industry or business:

FATHER
12. Name: Wm agee
13. Birthplace: Va (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Susan Hamm
15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Adam agee
(b) Address: Slater Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Dec-7-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cem.

18. (a) Signature of funeral director: Mrs C C Forster
(b) Address: 918 Brooklyn

19. (a) 12-7-42 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th year 1942 hour 5:00 A.M. minute M.

21. I hereby certify that I attended the deceased from 10-2-42, 19..., to 12-4-42, 19...; that I last saw her alive on 12-4-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of cervix with metastases	
Due to 48	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: None

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: Henry R. Thomas (M. D. or other)
Address: Med. Dir. K.C. Gen. Hospital 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. Benjamin C. Browning

Licensed Embalmer No. 2724

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.