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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED MAR 26 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10432

State File No. _____

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 24

1. PLACE OF DEATH: Jackson
 (a) County _____
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Armour Memorial Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 year 6 mo
 In this community over 20 years (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. 8100 Wornall Road
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME William Gilbert Finley
 3. (b) If veteran, name war no.
 3. (c) Social Security No. NO.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 9th
 year 1943 hour 5 minute 20 P.M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Helen Finley
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased September 5 1854
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 29 1941 to Feb. 9 1943
 that I last saw him alive on Feb. 6 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
88 6 4 hr. min.

Immediate cause of death Chronic Myo Carditis
 Duration _____

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

Due to Focal infection Toxic
 Due to _____

10. Usual occupation Salesman

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER
 11. Industry or business _____
 12. Name John J. Finley
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha A. Howard
 15. Birthplace Jackson Kentucky
 (City, town, or county) (State or foreign country)

Major findings: Of operations 938
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Armour Memorial Home
 (b) Address 8100 Wornall Rd., Kansas City, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-43
 (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah Cemetery

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? _____

18. (a) Signature of funeral director Stine & McClure
 (b) Address 3235 Gillham Plaza, Kansas City, Mo.
 19. (a) 3/11/43 (b) Sub. R. Lindeman
 (Date received by registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature P. D. Cantel (M. D. or other) _____
636. Wornall Road Date signed Feb 9 1943

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

Dr. Cantrell

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 75 E M

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 10-4

Primary Registration District No. 5575-

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Amour Memorial Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wm Albert Finley

3. (b) If veteran, name war W

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Sept
(Month) (Day) (Year)

8. AGE: 88 Years 4 Months 4 Days Ind If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May year 1958 minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause of 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)

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

5-10432