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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17793

State File No.

Registration District No. 13 Primary Registration District No. 5291 Registrar's No. 46

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: ✓

(If not in hospital or institution, write street number or location)

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

In this community 3 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. RR 2 (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME William A. Finley

3. (b) If veteran, name war none

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 Elsie G. Finley

6. (c) Age of ~~husband or~~ wife if alive 48 years

7. Birth date of deceased Mar. (Month) 7 (Day) 1892 (Year)

8. AGE: Years 52 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Printing

11. Industry or business Newspaper K.C. Star

FATHER
12. Name Willis P. Finley
13. Birthplace — (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace — (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Elsie G. Finley

(b) Address Liberty RR 2 Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Greenlawn K.C. Mo

18. (a) Signature of funeral director Church Archer Co.

(b) Address Liberty Mo

19. (a) May 11-44 (Date received local registrar) (b) Helen Easley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1944 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from March 1, 1944 to May 9, 1944 that I last saw him alive on May 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration Sudden

Due to Rheumatic Heart — Indef.

Due to

Other conditions (Include pregnancy within 3 months of death) 95 b

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 Jennie W. Hendrix (M. D. ~~or other~~)

Address Liberty, Mo Date signed 5/11/44

(Licensed Embalmer's Statement on Reverse Side)

MAY 26 1944

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.....Edgar Archer.

Licensed Embalmer No.....3311

P. O. Address.....Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.