

No. 2
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE ··· THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED AUG 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. **27116**
Registrar's No. **3465**

Registration District No. **149** Primary Registration District No. **1002**

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 **St. Mary's Hospital 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days**
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson 48**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **5833 Ward Parkway 8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINTED FULL NAME **Mrs. Mary Fitzgerald Finn**
(b) If veteran, name war **No**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **9th**
year **1946** hour **Eight** minute **12** P.M.
21. I hereby certify that I attended the deceased from **7**
29 19**46** to **8-9** 19**46**
that I last saw h. **alive on** _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Thomas M. Finn**
6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **March 17, 1868**
(Month) (Day) (Year)

Immediate cause of death **Hypostatic bronchial pneumonia**
myocarditis chronic
hypertension chronic
arteriosclerosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
78 **4** **22** hr. min.

Major findings:
Of operations: **131A**
Of autopsy: _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **Rosedale Wyandotte Co. Kans.**
(City, town, or county) (State or foreign country)
10. Usual occupation **At Home**

11. Industry or business _____
12. Name **Richard Fitzgerald**
13. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Bridget Collins**
15. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas M. Finn**
(b) Address **5833 Ward Parkway**
17. (a) **Burial** (b) Date thereof **8-12-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **[Signature]**
Kansas City, Mo.
(b) Address _____
19. (a) **8-11-46** (b) **[Signature]**
(Date received local Registrar) (Registrar's signature)

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) (g) Means of injury _____
23. Signature **[Signature]** (M. D. or other) _____
Address **Platte Harbor** Date signed **Aug 11 46**

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.....

Cecil P. Matthes

Licensed Embalmer No.

3807

P. O. Address.....

Kansas City, 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.