

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1238

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		4. STREET ADDRESS (If rural, give location) <u>1612 Bellfountain</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1612 Bellfountain</u>		d. STREET ADDRESS (If rural, give location) <u>1612 Bellfountain</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JDA. FINCH</u> b. (Middle) <u>FINCH</u> c. (Last) <u>FINCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-4-1949</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>NEGRE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-20-1895</u>		9. AGE (In years last birthday) <u>53</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>		10. IF UNDER 24 Hrs. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>CL</u>		11. BIRTHPLACE (State or foreign country) <u>Pelzerhacht, Miss.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Eliza Gibson</u>			13b. MOTHER'S MAIDEN NAME <u>Dart. Know</u>			14. NAME OF HUSBAND OR WIFE <u>Doc. Finch</u>		
--	--	--	---	--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helle Collins</u>		ADDRESS <u>1408-E 19 St.</u>	
---	--	-----------------------------------	--	--	--	------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</u>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (c) <u>—</u>							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.						<u>421.4</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>Keokuk</u> (COUNTY) <u>Wagoner</u> (STATE) <u>MO</u>	
--	--	--	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
---	--	--	--	---------------------------	--

22. I hereby certify that I attended the deceased from 12-15-48 to Jan 3rd, 1949, that I last saw the deceased alive on Jan 3rd, 1949, and that death occurred at — m, from the causes and on the date stated above.

23a. SIGNATURE <u>L. Virgil Miller</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1211 Paso</u>		23c. DATE SIGNED <u>Jan 4 49</u>	
--	--	-------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-4-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>M.D.</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson, Miss.</u>	
--	--	---------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>1-5-49</u>		REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brady-Brown</u>		ADDRESS <u>17085 Tracy Ave</u>	
--	--	--	--	---	--	--------------------------------	--

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *R. Harris, Sr.*
Licensed Embalmer No. 3388

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.