

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED DEC 7 1950**

State File No. **87372**  
Registrar's No. **462**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5569**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>R-TOWN Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City (Rural) 0480</b>	
c. LENGTH OF STAY (in this place) <b>30 years</b>		d. STREET ADDRESS (If rural, give location) <b>5920 Eastwood Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5920 Eastwood Drive</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>HAROLD</b> b. (Middle) <b>C</b> c. (Last) <b>FINCH</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>November 28 1950</b>		
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	
<b>8. DATE OF BIRTH</b> <b>December 11, 1895</b>		<b>9. AGE</b> (In years less birthday) <b>54</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Hutchison, Kansas</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A</b>			

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Auto Brake Service</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Hutchison, Kansas</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A</b>					

<b>13a. FATHER'S NAME</b> <b>William E. Finch</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Augusta Lemly</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Willa Lee Finch</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		<b>16. SOCIAL SECURITY NO.</b> <b>486 01 3015</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Willa Lee Finch 5920 Eastwood Drive</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>			DUPLICATE					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Crownary Heart Disease</b>			<b>490x</b>		

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Wes C. Kealey, M.D., Deputy Coroner</b>		<b>23b. ADDRESS</b> <b>4050 Broadway St. Mo</b>		<b>23c. DATE SIGNED</b> <b>11-29-50</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>Nov 30, 1950</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Bluebonnet Cemetery</b>	
				<b>24d. LOCATION (City, town, or county) (State)</b> <b>Kansas City, Missouri</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>Nov 29-1950</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Wes C. Kealey</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>WILKS FUNERAL HOME 2315 Linwood K. C 3 Mo</b>	
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WRITE PLAINLY--USING BLACK INK--MAKE A PERMANENT RECORD

DEC 2 RECD

JAN 3 1951

JAN 15 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Chas E. Weeks*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2644*

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.