

FILED MAR 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4970

State File No. ....

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>996</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>KANSAS CITY</u>  |  | c. LENGTH OF STAY (In this place)<br><u>62 yrs.</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>KANSAS CITY</u>   |  | 3478  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>3319 BALTIMORE</u>  |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>3319 BALTIMORE</u>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MISS ANNIE</u>  |  | b. (Middle)  |  | c. (Last) <u>FINNEGAN</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb 27 1952</u>                   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Single</u>  |  | 8. DATE OF BIRTH<br><u>July 14 1874</u>                                       |  |
| 9. AGE (In years last birthday) <u>77</u>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Ireland</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>4</u>                                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>At Home</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 13a. FATHER'S NAME<br><u>THOMAS FINNEGAN</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>MARY LAWLESS</u>                              |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>none</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Margaret Poperson</u>  |  | ADDRESS<br><u>4523 Montgall</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying; such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                 |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Hypertension</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4201</u>                               |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) (COUNTY) (STATE)  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 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 <u>6 1</u> , 1945, to <u>2 27</u> , 1952, that I last saw the deceased alive on <u>2 25</u> , 1952, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE <u>T. S. Bourke</u> (Degree or title)  |  |  |  | 23b. ADDRESS<br><u>U M. D.</u>   |  | 23c. DATE SIGNED<br><u>2. 25. 52</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>March 1 1952</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>St. Mary's Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u> |  |
| DATE REC'D BY LOCAL REG. <u>3-3-52</u>  |  | REGISTRAR'S SIGNATURE<br><u>Maude Holmes</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Quirk, Tobin Co</u>   |  | ADDRESS<br><u>20 West Linwood</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

working under my personal supervision.

Student Embalmer No.....

Signed

*Forest A. Coldman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4714*

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.