

**CERTIFICATE OF DEATH**  
**FILED JUL 11 1968**

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 345

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/68

- 9. 0
- 10a. 89
- 10b.
- 11. 1
- 12. 2
- 13. 200.1
- 14.
- 15. 4
- 16.
- 17.
- 18. 0
- 19. CREDITS
- 20. 5-0

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. John Cleveland FINFROCK			2. Male	3. July 8, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 89	5b.	6. July 4, 1879		7a. Jackson
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Independence			7c. yes 7d. 9604 East 33rd Street			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Indiana		9. USA		10. Widowed		11. none
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 487-01-9555		13a. Carpenter		13b. Self Employed		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Missouri		14b. Jackson	14c. Independence		14d. yes	14e. 9604 E. 33rd Street
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. John Paul Finfrock			16. Mary Miller			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OF TOWN, STATE, ZIP)			
17a. Marybelle L. Gorham			17b. 10404 E. 36th St. Independence, Mo.			
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) Acute Cardiac Failure						1 Day
(b) Lymphocytic Sarcoma (lymphosarcoma)						3 years
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
Pernicious Anemia						19a. No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.	20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20a.		20b.	20c.			
CERTIFICATION—PHYSICIANS:		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	MONTH DAY YEAR	DID/DID NOT VIEW THE BODY AFTER DEATH.
21a. DECEASED FROM		21b. TO	21c. July 1, 1968	21d. Did not	21e. 2:00 M. TO THE CAUSE(S) STATED.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		
22a.		22b. 2:00 A. M.		22c.		
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. A.D. Eschelmann, M.D.			23b. A.D. Eschelmann, M.D.			23c. July 8, 1968
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN	STATE
23d. Blue Ridge Cut - Off and New 40 Highway			Independence, Mo.			642055
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. burial		24b. Elmwood Cemetery		24c. Kansas City, Mo.		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. July 10, 1968		24e. Earp & Sons Mortuary 4707 Truman Rd. K.C. Mo. 64127				
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. James W. Earp			25b. [Signature]		25c. JULY 9, 1968	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JUL 12 1968

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed James W. Ray

Licensed Embalmer No. 4692

P. O. Address A.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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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