WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 8 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 43037

1. PLACE OF DEATH
County Jackson — Registration District No. 899 — File No. 5422
Township Kaw — Primary Registration District No. 1002 — Registered No. 5422
City Kansas City, Mo. (No. 1431 College St. Ward)

2. FULL NAME Mrs. Mabel Cossett Finnell
(a) Residence, No. 1431 College St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Finnell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 17, 1890
7. AGE: 44 YEARS 44 MONTHS 9 DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: William A. Makemson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Mabel Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT (ADDRESS): E. A. Makenson, Buckner, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cem. DATE Dec. 17.-34, 19
19. UNDERTAKER (ADDRESS): C.H.Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.
20. FILED 12-18, 1934 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 15-34, 19
22. I HEREBY CERTIFY, That I attended deceased from Dec 14th, 1934 to Dec 15, 1934
I last saw her alive on Dec 15, 1934 Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dec 15th 34 Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	1933

Name of operation: Date of
What test confirmed diagnosis? paralysis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Dean S. Ching, M. D.
(Address) 607 Argyle Bldg