

REC'D JUN 9 1938

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

17441
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Law Primary Registration District No. General Hosp. #2 Registered No. 2138
 (c) City P.C. Mo (d) Street No. General Hosp. #2 St. St.
 (e) Length of residence in city or town where death occurred 500 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2100 Montgale St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE Colored
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-30-1916
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 1 22
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer Vincents
 9. Industry or business in which work was done, as saw mill, bank, etc. Virginia
 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) Kansas
Cherokee, Kans.

FATHER 13. NAME Chas. A. Finney
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Va.

MOTHER 15. MAIDEN NAME Bell Zuehlitt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlottesville Va.

17. INFORMANT (ADDRESS) Record Clerk General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE 5-24-1938

19. FUNERAL DIRECTOR (ADDRESS) Adkins Bros. 2000 E. 14th

20. FILED May 24, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-5-38 to 5-22-38

I last saw him alive on 5-22-38 Death is said to have occurred on the date stated above, at 100 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical 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) J. A. Turner M. D.
 (Address) General Hosp. #2

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)