

RECD SEP 13 1938

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

28048  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
 (b) Township Kew Primary Registration District No. 1002 Registered No. 3359  
 (c) City Human City (d) Street No. St. Marys Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Michael Finucane 525

(a) Residence, No. 1400 Wabash St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Finucane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1848

7. AGE YEARS 89 MONTHS 11 DAYS 16 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Passenger conductor Santa Fe  
 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) County Clare Ireland

FATHER 13. NAME M. Finucane 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Margaret Kennedy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Frank F. Finucane  
 (ADDRESS) 1400 Wabash

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Aug 27 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) O. H. Newcomer's Sons Bushcreek + Pass.

20. FILED Aug 25, 1938 M. M. Brome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Chowan, 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11: P m.

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

Fracture of left femur  
Bronchopneumonia

Other contributory causes of importance: 2077

Name of operation..... Date of.....  
 What test confirmed diagnosis..... Was there an autopsy.....

23. If death was due to external cause (violence), fill in all items following: Accident, suicide, or homicide..... Date of injury.....

Where did injury occur? Bridge Bay, Pa. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place  
 Nature of injury Fell while walking down walk on train

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) G. S. Smith 4, M. D.  
 (Address) Wabash

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*George M. Collier* ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *George M. Collier* .....

Licensed Embalmer No. *3839* .....

P. O. Address .....

**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, above space should be left blank.**