

No. 2  
-13-40  
-17-39  
K 23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23951**  
Registrar's No. **2490**

**FILED AUG 16 1941**

Registration District No. **371** Primary Registration District No. **1002**

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **Menorah Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
In this community **6 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **3632 Campbell**  
(e) If foreign born, how long in U. S. A. **X** years

3. (a) PRINT FULL NAME **F. Hughes Finley, (n.m.o.)**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elizabeth Finley** 6. (c) Age of husband or wife **29** years

7. Birth date of deceased **January 29 1863**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **5** Days **0** If less than one day **hr. min.**

9. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **X**

12. Name **Samuel M. Finley**

13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sally Oliphant**

15. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elizabeth Finley**

(b) Address **3632 Campbell, Kansas City, Mo.**

17. (a) **Cremation** (b) Date thereof **6-30-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **7-1-41** (b) **M. M. Cronin**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **29th**, year **1941** hour **4:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 29** to **June 29**, 19**41**, that I last saw him alive on **June 29**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Coma**  
Due to **Fracture of hip**  
Due to **Ch. Sciatica**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: **10/5/41**  
Of operations **18/14**  
Of autopsy **18/14**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **June 25-1941**  
(c) Where did injury occur? **Home** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Wrote at work **Home** (Specify type of place) (e) Means of injury **fall**  
23. Signature **J. J. Han** (M. D. or other) **MD**  
Address **306 E 12** Date signed

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Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Dr. Embler  
Brennan Anypha  
Prof. Bldy - #1329  
#1329  
1-30

Brennan's  
Anypha Bldy

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

Willis H Bennett, Registered Apprentice No. 282

working under my personal supervision.

Signed E. M. Clark

Licensed Embalmer No. 1848

P. O. Address 7 K. 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 this body is not embalmed, fact should be so stated above.