S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

20259

State File No.

Registrar's No. 2539

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kan City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K. C. Convalescent Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether

In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kan City Mo (If outside city or town limits, write "RURAL") 4V

(d) Street No. 3200 Norledge (If rural, give location) 3

(e) Citizen of foreign country? (Yes or No) 8

If yes, name country 17

3. (a) PRINT FULL NAME William F Finnegan

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July 4th, 1866 (Month) (Day) (Year)

8. AGE: Years 76 Months — Days — If less than one day hr. min.

9. Birthplace Wis. (City, town, or county) 1 (State or foreign country)

10. Usual occupation farmer

11. Industry or business Same

FATHER
12. Name James Finnegan
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Julia Crowley
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Julia Westerman

(b) Address Demonies Iowa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/7/42 (Month) (Day) (Year)

(c) Place: burial or cremation Des Moines

18. (a) Signature of funeral director Snow & Mayberry

(b) Address 2315 Linwood

19. (a) 7/5/42 (Date received local registrar) (b) M. M. Crowley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1942 hour 11 45 minute P M.

21. I hereby certify that I attended the deceased from 6-27-42, 19__, to 7-4-42; that I last saw him alive on 7-4-42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 3200 Norledge Date signed 7-5-42

341

(Licensed Embalmer's Statement on Reverse Side)

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 ✓

, Registered Apprentice No. ✓

working under my personal supervision.

Signed Roy E Snow

Licensed Embalmer No. 2566

P. O. Address 2315 Linwood Bl

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.