

FILED APR 6 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1300

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3/21 to 3/22
Specify whether

In this community Since October 1942
years, months or days

3. (a) PRINT FULL NAME Edith Finch

3. (b) If veteran, name war None

3. (c) Social Security No. 570-12-3893-49

4. Sex Fe 3 Color or race Col

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

6. (b) Name of husband or wife Melvin Finch

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

7. Birth date of deceased September 25 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>5</u>	<u>28</u>	hr. min.

9. Birthplace Lexington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business

MOTHER FATHER { 12. Name Alex. Mayberry

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

14. Maiden name Daisy Blackwell

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

16. (a) Informant Effie Love Jones

(b) Address 2500 Park removal

17. (a) removal (b) Date thereof 3/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Hatkins Bros

(b) Address 1729 Lydia

19. (a) 3-23-44 (b) N. C. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1122 Euclid
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1944 hour 1:23 minute 12 M.

21. I hereby certify that I attended the deceased from March 23 1944 to March 23 1944

that I last saw her alive on March 23 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary occlusion
Cerebrovascular

Due to Postitus

Other conditions Postitus
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration 1 hr

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) No

(b) Date of occurrence

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

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

While at work? No (Specify type of place) (e) Means of injury

23. Signature W. R. ... (M.D. or other)

Address ... Date signed 3/23/44

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.....

J. J. Manlove

Licensed Embalmer No. *3994*

P. O. Address.....

2503 Highland

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.