

FILED APR 15 1944 / 49

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1473

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:
1210 Broadway /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether years, months or days)

In this community 20 years,
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, ⁴⁸

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL") ³

(d) Street No. 1210 Broadway
(If rural, give location) ⁸

(e) Citizen of foreign country? no. (Yes or No) ⁰

If yes, name country x

3. (a) PRINT FULL NAME Elmer Lester Finney

3. (b) If veteran, name war no. 3. (c) Social Security No. 486-01-0303

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

6. (b) Name of husband or wife Roma Finney 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased April 3 1902,
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1944 hour 10:05 minute a. M.

21. I hereby certify that I attended the deceased from Feb 4
1944 to Apr 2 1944

that I last saw him alive on Apr 2 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>11</u>	<u>29</u>	hr. min.

Immediate cause of death Coronary Thrombosis ^{2 mo}

Duration _____

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

10. Usual occupation Salesman

Due to _____

Due to _____

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

11. Industry or business x

12. Name Andrew J. Finney,

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

14. Maiden name Eliza Hofmokol

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: 940
Of operations _____
Of autopsy _____

16. (a) Informant Mrs. Roma Finney.

(b) Address 1210 Broadway, Kansas City, Mo.

17. (a) Removal (b) Date thereof 4-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-3-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
Means of injury _____

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

Address 1022 Maple Date signed 4/2/44

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

Dr. H. C. Trippe, Argyle Bldg.

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

Duane L. Kepley

Licensed Embalmer No. *4225*

P. O. Address *Kansas City, 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.