V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33128

Registration District No. FILED OCT 28 1944 Primary Registration District No. 1002 Registrar's No. 4208

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: Kansas City General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether)
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3040 Wayne
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Theresa M. Fink

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe

5. Color or race W

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

6. (b) Name of husband or wife D. Edward Fink

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept. (Month) 7 (Day) 1888 (Year)

8. AGE: Years 56 Months 1 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Abrahm Meyer 11
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Bertha Meyer 11
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant D. Edward Fink
(b) Address 3040 Wayne K.C. Mo.

17. (a) Chicago Ill. (Burial, cremation, or removal) (b) Date thereof 10/20/44 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago Ill.

18. (a) Signature of funeral director Carroll-Davidson Und Co
(b) Address 3024 Troost ave

19. (a) 10-20-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1944 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw h..... alive on Deputy Coroner 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast

Due to

Due to 50

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See Above

Duration

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 A. E. Upshur (M. D. or other) MD
Address 23 McCoy Date signed 10/20/44

(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 Kathryn E Davidson

Licensed Embalmer No. 3648

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.