

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4121

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:
2300 East 59th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether)
 In this community 10 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")
 (d) Street No. 2300 E. 59th St. 2
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country xxx 0

3. (a) PRINT FULL NAME LULA SPARKS FINLEY
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 26
 year 1944 hour 4:30 minute A M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife William R. Finley
 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased July 14, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 15
43 to 9/26/44
 that I last saw her alive on 9/25/44, 19.....
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>12</u>	hr. min.

Immediate cause of death
Pulmonary Edema
 Due to Cardiac Failure
 Due to Portal Hypertension
 Other conditions Frailty
(Include pregnancy within 3 months of death)

9. Birthplace Holden, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife at home
 11. Industry or business

Major findings:
 Of operations 150 B
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name A. B. Sparks
 13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown Kerr
 15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. R. Finley
 (b) Address Kansas City, Missouri.
 17. (a) Burial (b) Date thereof 9-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Holden, Missouri

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? 0
(Specify type of place) (c) Means of injury

18. (a) Signature of funeral director Canaday and Ropp
 (b) Address Holden, Missouri
 19. (a) 10-13-44 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

23. Signature E. W. Heller (M. D. or other)
 Address Professional Bldg. 700 Date signed 10/13/44

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

Dr. Ed P. Heller

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 M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address: Falston 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.