

FILED MAY 18 1945
Registration District No. _____

Primary Registration District No. 3076

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
At home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 824 26th Cherry Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Delcie Belle Finley

3. (b) If veteran, name war _____

3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) *Age of husband or wife if alive _____ years

7. Birth date of deceased Sep 4 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 28 If less than one day
hr. _____ min. _____

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

10. Usual occupation Plumber

11. Industry or business _____

MOTHER FATHER

12. Name James P. Potter

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

14. Maiden name Allen Pollock

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

16. (a) Informant Ruth Finley
(b) Address Kansas City Mo.

17. (a) Burial (b) Date thereof 4 3 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Scott Kansas

18. (a) Signature of funeral director Allen W. Kays
(b) Address Nevada Mo.

19. (a) 4-4-45 (b) Hazel B. Beuch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1945 hour 12:45 minute 0 P. M.

21. I hereby certify that I attended the deceased from
Mar 31 1945 to April 1 1945
that I last saw him alive on April 1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocardial infarction

Due to Hypertensive heart disease

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 950

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) (e) Means of injury _____

23. Signature F. L. Martin (M. D. or other) M.D.
Address Nevada Mo. Date signed 4/4/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Div. of Health Officer No. 17,

License Number 4-45-409

5-9-45

MAY 22 1958

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 Allen E. Loya

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.