

S. No. 2
M-2-43
7. 5-17-39
X 35697

FILED JAN 31 1946

Registration District No. 127

Primary Registration District No. 1002

Registrar's No. _____

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: MEMORIAL HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 DAYS
(Specify whether years, months or days)
 In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 4553 MAIN STREET 8
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WEDY FINCH

3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced, SEPARATE
 6. (b) Name of husband or wife Ruby Fouch
 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased Oct 5 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>65</u>		<u>3</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Hotel Clerk

11. Industry or business once in Jean apt. Hotel

12. Name Wedy Finch

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

14. Maiden name Mary Daily

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

16. (a) Informant Mr. Fred Finch

(b) Address 4555 Main St

17. (a) burial (b) Date thereof Jan 17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Melrose Ch. Ill.

18. (a) Signature of funeral director W. H. Newcomer Iowa

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 1-17-46 (b) Waldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 16th
 year 1946 hour 4 minute 03 M.
 21. I hereby certify that I attended the deceased from Jan 8th
1946 to Jan 16th 46
 that I last saw him alive on Jan 16 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death generalized peritonitis
 Due to Rupture of duodenal stump.
 Due to _____

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

Major findings:
 Of operations gastric resection for penetrating ulcer
 Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature W. H. Newcomer (M. D. or other) W. H. Newcomer
 Address 1025 Olive St Date signed 1/14/46

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

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Professional Body

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 *R. C. Newcomer*
Licensed Embalmer No. *4043*
P. O. Address *R. C. Newcomer*

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.