

S. No. 2
M-543
v. 5-17-39
P. 1 X36571

13127

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 29 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1835

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:
3222 Lockridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 47
(c) City or town 3718 Flora 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. Kansas City 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Milton L. Finnell
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 18th.
year 1946 hour 10 minute 30 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elvira A. Finnell
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased 4 20 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 15
1946 to time of death
that I last saw him alive on April 18 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
90 11 28 hr. min.

Immediate cause of death
congestive heart failure (chronic) 3 yrs
Due to myocardial degeneration
Due to _____

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

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

10. Usual occupation Retired, Sugar Mill

Major findings: _____
Of operations _____

11. Industry or business National Biscuit Company

Of autopsy _____

12. Name Abner Finnell

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

14. Maiden name Rebecca Parks

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

16. (a) Informant Mr. Guy L. Finnell

(b) Address 3718 Flora

17. (a) Burial (b) Date thereof 4-22-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 4-20-46 (b) Geraldine Holmes
(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)
(e) Means of injury _____
23. Signature Leo M. Mullen (M. D. or other) M.D.
Address 354 S. Indiana Date signed April 19-46

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

12003

Dr. Leo M. Mullen

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3548 Indiana

L1 5411

2-5-P.M.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address KC 820

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.