

S. No. 2
M-12-45
v. 5-17-39
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9059

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 8 1947

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1428

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

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: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 DAYS
(Specify whether in this community years, months or days) 50 years

3. (a) PRINT FULL NAME SIDNEY FINLEY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife LULA FINLEY

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: May 10 1884 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 10 16 If less than one day hr. min.

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

10. Usual occupation Food Carrier

11. Industry or business Food Carrier

12. Name unknown

13. Birthplace unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant JAMES RICHARDS (SON-IN-LAW) 1

(b) Address 5429 BELLEFONTAINE

17. (a) Burial (b) Date thereof: 3-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lincoln

18. (a) Signature of funeral director: Abraham Byrd, Jr. 100
(b) Address: 2304 Vine St.

19. (a) 3-27-47 (b) A. H. Holmes
(Date received local registrar) (Registrar's signature)

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. 5429 BELLEFONTAINE 8
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 26, year 1946 1947 hour 3: minute 45 P.M.

21. I hereby certify that I attended the deceased from FEBRUARY 13, 1947 to MARCH 26, 1947

that I last saw him alive on MARCH 26, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHO-PNEUMONIA Duration

Due to GENERALIZED ARTERIOSCLEROSIS

Due to

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

Major findings: Of operations 107

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?

(Specify type of place) While at work? (e) Means of injury 0

23. Signature: Frank J. ... (M. D. or other) M. D.
Address: GENERAL HOSPITAL NO. 2 Date signed: 3/27/47

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 B. L. Graham

Licensed Embalmer No. 2540

P. O. Address 2304 Vine St

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.