

FILED MAR 13 1948

Registration District No. 749

Primary Registration District No. 10.02

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: ST. LUKES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 1 MONTH  
(Specify whether)  
In this community: 60 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON  
(c) City or town: KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 308 WEST 46TH STREET TERR.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Miss Effie LEE Finnell

3. (b) If veteran, name war

No

3. (c) Social Security No.

487-03-0573

4. Sex

FEMALE

5. Color or race

WHITE

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

SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased

SEPTEMBER 26 1884  
(Month) (Day) (Year)

8. AGE:

Years: 63 Months: 4 Days: 29 If less than one day: hr. min.

9. Birthplace

KIRKSVILLE KENTUCKY  
(City, town, or county) (State or foreign country)

10. Usual occupation

CREDIT MANAGER

11. Industry or business

WOLFERMAN'S

12. Name

SAMUEL K. FINNELL

13. Birthplace

KENTUCKY  
(City, town, or county) (State or foreign country)

14. Maiden name

JENNIE E. PREWITT

15. Birthplace

KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant

HERBERT S. FINNELL

(b) Address

2515 EAST 10th STREET

17. (a) Burial (burial, cremation, or removal)

BURIAL

(b) Date thereof

FEB. 27 1949  
(Month) (Day) (Year)

(c) Place: burial or cremation

MT. WASHINGTON CEM.

18. (a) Signature of funeral director

C. H. Newberry

(b) Address

1401-BROOK CREEK BLVD.

19. (a) Date received local registrar

2-27-48

(b) Registrar's signature

Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1948 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from Pathologist to that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Cachexia

Due to Chronic osteomyelitis & multiple pelvic abscesses

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autops

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? (Specify type of place)  
(c) Means of injury  
23. Signature: C. E. D. [Signature] (M. D. or other)  
Address: St. Lukes Hospital Date signed: 25 Feb. 1948

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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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..... *Edward M. Storey*  
.....  
Licensed Embalmer No..... *4452*  
P. O. Address..... *K. C. 4 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.