

FILED JUL 3 1948
 Registration District No. **149**

Primary Registration District No. **1002**

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 **Little Sisters of the Poor**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 years**
(Specify whether years, months or days)
 In this community **76 years**

3: (a) PRINT FULL NAME **John Finnegan**
 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 **Single**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **April 16, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	2	10	hr. min.

9. Birthplace **Camden, N.J.**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business **K. C. Mo. Park Dept.**

12. Name **Joseph Finnegan**

13. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Bridget Boyle** **4**

15. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Katherine Finnegan**

(b) Address **4150 Troost Ave.**

17. (a) **Burial** (b) Date thereof **June 28, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cemetery**

18. (a) Signature of funeral director **Thomas E. Quirk Funeral Home**

(b) Address **4316 Troost Ave.**

19. (a) **6-26-48** (b) **M. Thelma Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Jackson** **48**
 (c) City or town **Kansas City** **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5331 Highland** **2**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26th**
 year **1948** hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from **June 21**
 _____, 19**48** to **July 26**, 19**48**
 that I last saw him alive on **July 25**, 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **5 days**
 Due to **arteriosclerotic heart disease** **1 year**
 Due to **generalized arteriosclerosis** **year**
 Other conditions **(Include pregnancy within 3 months of death)**
 Major findings: **no**
 Of operations **no**
 Of autopsy **no** **937**

Duration
 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 **John T. Skinner** (M. D. or other) **MD**
 Address **110 S. Grand Ave.** Date signed **6/24/48**

J. E. O.

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 *Thomas E. Zwick*

Licensed Embalmer No. *3775 MD*

P. O. Address.....

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.