

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29754
Registrar's No. 3719

FILED SEP 25 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:
3429 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 3 Months years, months or days)

3: (a) PRINT FULL NAME Mrs. Lou Tiskie Finch
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lee R. Finch
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 5 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 7 hr. min.

9. Birthplace Carroll Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name George W. Hubbard

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

14. Maiden name Mary Ann Calvert

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

16. (a) Informant Mrs. Amanda Thurlo

(b) Address 3429 Tracy, Kansas City, Mo.

17. (a) Burial (b) Date thereof 9-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 9-12-48 (b) Sheldine Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3429 Tracy (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12th
year 1948 hour 1:45 minute A M.

21. I hereby certify that I attended the deceased from July 2, 1948, to Sept 11, 1948.
that I last saw her alive on Sept 11, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple cerebral haemorrhages Duration 11 days
Due to arteriosclerosis year

Due to senility

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

Major findings: Of operations 830

... 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 D.P. Klepinger (M. D. or other)

Address 500 Angyle Bldg Date signed 9/12/48

K C Mo

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.