

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4882

478

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|--|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 22 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2 U | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY d. STREET ADDRESS (If rural, give location) 2015 Olive Street | | | |
| 3. NAME OF DECEASED (Type or Print) ARTHUR | | a. (First) | | b. (Middle) D. | | c. (Last) FINLEY | |
| 4. DATE OF DEATH JANUARY 30 1949 | | 5. SEX MALE | | 6. COLOR OR RACE NEGRO | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | |
| 8. DATE OF BIRTH JULY 17, 1926 | | 9. AGE (in years last birthday) 22 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME ERNEST FINLEY | | 13b. MOTHER'S MAIDEN NAME ROSA FRIERSON | | 14. NAME OF HUSBAND OR WIFE — | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY 487-26-8022 | | 17. INFORMANT'S SIGNATURE OR NAME MOTHER: ROSA LEWIS | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MILIARY TUBERCULOSIS ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 019.2 | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21f. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from 1/26/1949 to 1/30/1949, that I last saw the deceased alive on 1/30/1949, and that death occurred at 11:20A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE E. Frank Ellis | | 23b. ADDRESS 600 East 22nd Street | | 23c. DATE SIGNED 1/31/49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb. 3, 49 | | 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. | |
| DATE REC'D BY LOCAL REG. 2-2-49 | | REGISTRAR'S SIGNATURE Sheldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE Adkins Bros. Funeral Home K.C. Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed C. Kenneth Kerford

Licensed Embalmer No. 4437

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.