

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8358

1126

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>16 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harris</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>THOMAS</u>		b. (Middle) <u>WILLIAM</u>		c. (Last) <u>FINCHUM</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>9</u>		(Year) <u>49</u>	
5. SEX <u>Ma</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-17-1888</u>	
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>xx</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Robt. Finchum</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Pierce</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Finchum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>xx</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Stella Finchum, Harris, Mo.</u>	
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) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Surgical shock</u> DUE TO (c) <u>Carcinoma of Pancreas</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>			
19a. DATE OF OPERATION <u>3/28/49</u>				19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma head of Pancreas</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-22</u> , 19 <u>49</u> , to <u>3-9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-9</u> , 19 <u>49</u> , and that death occurred at <u>5:15 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. S. Cope</u>				23b. ADDRESS <u>Kansas City, Mo</u>		23c. DATE SIGNED <u>3/11/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-9-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beardtowntown's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-11-49</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Wagner</u>		ADDRESS <u>K. C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

11-4633

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 _____

Eugene L. Kennon

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4633

P. O. Address _____

Kennon, Eugene L.

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.