

FILED MAR 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7

878

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI | | b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | | c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | | 3. LENGTH OF STAY (In this place) 42 yrs | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2 | | | d. STREET ADDRESS (If rural, give location) 1607 1/2 East 12th Street | | |

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|--|---------------------------------|----------------------------|----------------------------|--------------------|-----------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) TAW | b. (Middle) WILLIAM F | c. (Last) FINNEY | (Month) FEBRUARY | (Day) 21 | (Year) 1949 |

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| 5. SEX MALE | 6. COLOR OR RACE NEGRO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH JULY 29 1888 | 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months Days | IF UNDER 14 RES. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Franklin Co Virginia / MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME JOE FINNEY | 13b. MOTHER'S MAIDEN NAME VINA WEBB | 14. NAME OF HUSBAND OR WIFE Matilda Finney (Dec.) |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 492-14-7879A | 17. INFORMANT'S SIGNATURE OR NAME FRIEND: CLAUDINE TOLER 3042 Jarboe | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL BRONCHO PNEUMONIA | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE WITH HYPERTENSION | | | |
| DUE TO (c) GENERALIZED ARTERIOSCLEROSIS | | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200 | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) (Min) | 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 2/16/1949, to 2/21/1949 that I last saw the deceased alive on 2/21/1949, and that death occurred at 2:10P m., from the causes and on the date stated above.

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| 23. SIGNATURE E. Frank Ellis (Degree or title) <i>(see no. 1)</i> | 23b. ADDRESS 600 East 22nd Street | 23c. DATE SIGNED 2/23/49 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE February 26 | 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City MO. |
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| DATE REC'D BY LOCAL REG. 2-25-49 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE West-Appleton + Jones | ADDRESS 1905 Vine St. |
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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, and

Nepoleon Jordan

Student Embalmer No. 267

working under my personal supervision.

Student Nepoleon Jordan
Student Embalmer

Signed C. H. West

Licensed Embalmer No. 2710

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.