

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38245
5606

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>Jackson</u> <u>48</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo /</u>		c. LENGTH OF STAY (in this place) <u>25yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3 <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 1306 Monroe</u>				d. STREET ADDRESS (If rural, give location) <u>1306 Monroe</u>			
3. NAME OF DECEASED (Type or Print) <u>Walter</u>		a. (First)		b. (Middle) <u>----</u>		c. (Last) <u>Finnell</u>	
4. DATE OF DEATH <u>Nov. 23 1949</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>Feb. 19, 1881</u>		9. AGE (In years last birthday) <u>68</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Special Agent</u>		11. BIRTHPLACE (State or foreign country) <u>Namrash Missouri</u> <u>0</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Zenis Stevensen Finnell</u>			13b. MOTHER'S MAIDEN NAME <u>Rhoda Fleming</u>			14. NAME OF HUSBAND OR WIFE <u>Ida Bell Finnell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-05-0038</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs George Eichinger Randolph 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-Vascular Disease</u> DUE TO (c) <u>Congestive Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>10-15 yrs</u> <u>2-3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		5810	
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 <u>APR</u> , 19 <u>47</u> , to <u>Nov. 23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov. 20</u> , 19 <u>49</u> , and that death occurred at <u>3:45A</u> pm., from the causes and on the date stated above.							
23a. SIGNATURE <u>James E. Mc Cormick</u> (Degree or title)				23b. ADDRESS <u>2025 Swift St K Plus</u>		23c. DATE SIGNED <u>11/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Liberty</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-25-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morton-Smith's F.H. North K.C. Mo</u>			

(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.

Student
Student Embalmer

Signed: _____

Theron O Smith

Licensed Embalmer No. *3928*

P. O. Address *North Kansas City*

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.