

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11988**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 464

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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 23 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
		d. STREET ADDRESS (If rural, give location) Mertland Apartments	

3. NAME OF DECEASED (Type or Print)	a. (First) Mina	b. (Middle) ***	c. (Last) Finlay	4. DATE OF DEATH (Month) (Day) (Year) April 12, 1950.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH August 28, 1878	9. AGE (In years last birthday) 71	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY Registered Nurse	11. BIRTHPLACE (State or foreign country) West Salem, Ohio.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Adam Finlay	13b. MOTHER'S MAIDEN NAME Mary S. ????	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) World War #1.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Her Own Record.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Heart Disease		3 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chronic elements nephritis		11 1/2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia			8 yrs 7 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 3-10-50 to 4-12-50, that I last saw the deceased alive on 4-11-50, 1950, and that death occurred at 12:10 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. J. Jensen</i>	23b. ADDRESS 2070 S Bldg St. Joseph, Mo.	23c. DATE SIGNED 4-12-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 15, 1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. April 18, 1950	REGISTRAR'S SIGNATURE <i>E. G. Jenkins</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Statter Meierhoffer</i> 1946 Colhoun St. St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 2 1950

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\*\*\*\*\*

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Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

Student \*\*\*\*\*  
Student Embalmer

Signed

*Raymond W. Morehead*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.