

FILED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5900**
Registrar's No. **705**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) Unknown		d. STREET ADDRESS (If rural, give location) 1328 E. 16th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) _____ c. (Last) Finney			4. DATE OF DEATH (Month) (Day) (Year) 1 30 53		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 4-7-1895		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Pilot Road, Missouri	
				12. CITIZEN OF WHAT COUNTRY? America	

13a. FATHER'S NAME William Chamberlain		13b. MOTHER'S MAIDEN NAME Sarah Brown		14. NAME OF HUSBAND OR WIFE James Finney	
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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. 4-11-10-10-1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Mae Gooch, 1328 E. 16th St.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterioneurosclerosis		INTERVAL BETWEEN ONSET AND DEATH 446X
		DUPLICATE (b) Generalized Arteriosclerosis		
		DUPLICATE (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Severe Chronic passive Congestion of liver.		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 **1-26-53**, 19____, to **1-30-53**, 19____, that I last saw the deceased alive on **1-30-53**, 19____, and that death occurred at **10:00p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Frank Ellis MD		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 2-2-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb. 5-1953		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	
				24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 2-3-53		REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. L. ...	

(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 Landis H. Jackson

Licensed Embalmer No. 4850

P. O. Address K.C. 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.