

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33885

State File No. _____

FILED NOV 10 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4933

1. PLACE OF DEATH General Hospital No. 2
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. LENGTH OF STAY (in this place) 23 years

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 2

e. STREET ADDRESS (If rural, give location) 2404 Tracy 3418

3. NAME OF DECEASED
a. (First) John b. (Middle) H c. (Last) Finlay

4. DATE OF DEATH (Month) (Day) (Year) 10 23 1954

5. SEX 2 Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2

8. DATE OF BIRTH 7-28-93

9. AGE (In years last birthday) 61
10. UNDER 1 YEAR Months Days
11. UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Utica, Mo 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Jasper Finlay

13b. MOTHER'S MAIDEN NAME Lula Carter

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beulah Guss 2603 Wabash (sister)

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) CONGESTION AND EDEMA OF LEFT LUNG
ANTECEDENT CAUSES
DUE TO (b) FOLLOWING OPERATION FOR CARCINOMA OF ESOPHAGUS
DUE TO (c) ESOPHAGUS
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

150X

19a. DATE OF OPERATION 10/22/54

19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF ESOPHAGUS

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27-____, 1954, to 10-23-____, 1954, that I last saw the deceased alive on 10-23-54, at _____, and that death occurred at 11:30A. m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD

23b. ADDRESS 600 E. 22nd St. K.C., Mo.

23c. DATE SIGNED 10-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-26-54

24c. NAME OF CEMETERY OR CREMATORY Blue Ridge

24d. LOCATION (City, town, or county) (State) K.C., Mo.

DATE REC'D BY LOCAL REG. 10-25-54 REGISTRAR'S SIGNATURE Neva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ransley Williams, 1819 E. _____

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

Ba 6395

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 J. F. Ramsey, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. F. Ramsey

Licensed Embalmer No.

P. O. Address 1924 W. K.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.