

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43308

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5733</u>	
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>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jasper City</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		OR TOWN <u>3279</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Jasper City Tuberculosis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1424 Holmes</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mable</u> b. (Middle) <u>Finney</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-1955</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 10, 1927</u>		9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Daniel Finney</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Smith</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lottie Finney</u>		ADDRESS <u>1424 Holmes</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Pulmonary Tuberculosis</u>				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.				002-K			
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) _____			
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 <u>12-7-</u> , 19 <u>53</u> , to <u>12-27-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-27-</u> , 19 <u>55</u> , and that death occurred at <u>10:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward P. Altman</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>K.C.T.B. Hospital</u>		23c. DATE SIGNED <u>12-27-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Anatomical</u>		24b. DATE <u>12-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>K.C. Burial Society</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-31-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B.C. Willett</u> ADDRESS <u>C.C.S. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *B. E. Wulst*

Signed.....
Student Embalmer

Licensed Embalmer No. *4075*

P. O. Address *L. C. S., Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.