

Essex County
 City of Orange
 St. Mary's Hospital
 11 hours

New Jersey Essex
 East Orange
 120 So. Clinton St.

Joseph I. Finneran
 Male White Married DOD-Feb. 3, 1942

Wife-Margaret Donlin 42
 DOB-Oct. 29, 1891

Pneumonia lobar 2 1/2 days

Age 50 3 5
 POB-East Orange, NJ Heart failure

Occupation-Funeral director and embalmer

Father--James Finneran, Ireland

Mother-Mary Shields, Ireland

Informant--Margaret I. Finneran, 112 So. Clinton, East

Burial--Gate of Heaven, Feb. 6, 1942 Hanover

NEW JERSEY DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS

Register's No. 72

10 6 sec

City or Borough Orange
 State New Jersey County Essex
 City or Borough East Orange
 Street No. 122 1/2 Clinton St.
 Length of stay in this Community yrs. mos. days 11 hrs.
 FULL NAME Joseph I. Finneran

SEX Male COLOR OR RACE White
 Single, Married, Widowed or Divorced (write the word) Married
 HUSBAND OF Margaret Donlin 42
 WIFE OF Joseph I. Finneran

BIRTH DATE OF DECEASED Oct 29 1891
 AGE Years Months Days If Less Than One Day 50 3 5
 BIRTHPLACE (City or town) East Orange
 (State or country) New Jersey
 USUAL OCCUPATION Funeral Director
 Industry or business Embalmer

NAME James Finneran
 BIRTHPLACE (City or town) Ireland
 (State or country)
 MOTHER NAME Mary Shields
 BIRTHPLACE (City or town) Ireland
 (State or country)

SIGNATURE OF INFORMANT Margaret I. Finneran
 Address 112 So. Clinton St. East Orange
 PLACE OF BURIAL Gate of Heaven
 Date Feb 6 1942
 FUNERAL DIRECTOR John J. Conway
 (License No.) 1749

MEDICAL CERTIFICATION
 DATE OF DEATH Feb 3 1942
 I HEREBY CERTIFY that I attended the deceased from Jan 31 1942 to Feb 3 1942
 and that I last saw him alive on Feb 2 1942 and that death occurred on the date stated above at 12:30 A.M.
 Immediate cause of death Pneumonia Duration 2 1/2 days
Lobar 30 days
 Due to Heart failure
 Due to 108
 Other conditions (such as poisoning within 6 months of death)
 Major findings of operations none
 Of autopsy none

PHYSICIAN
 If death were due to external causes, fill in the following:
 Accident, suicide, or homicide (specify)
 Date of occurrence
 Where did injury occur? (City or town) (County) (State)
 Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place)
 Means of injury
 Signature James J. Edelen M.D.
 (License No.)
 Date signed

Plain text to be used only if necessary to properly classified. Exact statement of occupation is very important.