

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32790
 Do not use this space.

REC'D OCT 25 1938

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566
 (b) Township Franklin Primary Registration District No. 3030 Registered No. 113
 (c) City Charleston (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 50 yrs. 7 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Thomas Watson Finney 517
Charleston

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OF FACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Finney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1859

7. AGE YEARS 78 MONTHS 9 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) L. D. Finney
604 Pine Blvd. Poplar Bluff Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE J. V. O. F. Cemetery DATE Sept. 23, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank J. Finney
Charleston Mo.

20. FILED 9-23-38 F. S. Vermin
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 21 A. 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1938, to Sept 21, 1938
 I last saw him alive on Sept 21, 1938. Death is said to have occurred on the date stated above, at 5:25 P.M.
 The principal cause of death and related causes of importance were as follows:

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 Other contributory causes of importance:

Ch. Nephritis
Senility
 Name of operation none Date of _____
 What test confirmed diagnosis? Electrolyte (if there an autopsy) no

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Charles Polunsky M. D.
500 (Address) Charleston Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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,

Thomas E. Bass

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Thomas E. Bass

Licensed Embalmer No.

3977

P. O. Address

Charleston 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, above space should be left blank.