

1938 OCT 26

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

33397  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Saline Registration District No. 79638  
 (b) Township Marshall Primary Registration District No. 3038 Registered No. 133  
 (c) City Marshall (d) Street No. 540  
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Wesley Finley  
 (a) Residence, No. 558 W. Washington St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1865

7. AGE YEARS 72 MONTHS 9 DAYS 2 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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) St. Charles (STATE OR COUNTRY) Illinois

FATHER 13. NAME Wesley Finley

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

MOTHER 15. MAIDEN NAME Sarah Narron

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

17. INFORMANT W. W. Finley (ADDRESS) 558 W. Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel DATE Sept. 23, 1938

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY that I attended deceased from Sept. 6, 1938, to Sept. 21, 1938. I last saw him alive on Sept. 19, 1938. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:  
arterial sclerosis Date of onset 1930

Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (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) W. W. Finley, M. D.  
 (Address) Marshall Mo.

19. FUNERAL DIRECTOR J. L. Sweeney (ADDRESS) Marshall Mo.

20. FILED 9-22-38 Mary Kent Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Summey, Licensed Embalmer No. 3235  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. Leslie Summey  
L. E.  
No.          or by         , Registered Apprentice No.           
working under my personal supervision.

Signed J. Leslie Summey  
Licensed Embalmer No. 3235

**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.)**