

JAN 13 1938

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

41897  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 100  
 (c) City Hannas City (d) Street No. 3908 Agnes 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 4 1/2 yrs. mos. ds. (If foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME

(a) Residence, No. 3908 Agnes 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>MARRIED</u> OF (OR) WIFE OF <u>W. B. Schultze</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13, 1842</u>		
7. AGE	YEARS <u>96</u>	MONTHS <u>7</u>
	DAYS <u>8</u>	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arrow Rock Mo.</u>		
FATHER	13. NAME <u>William Warren Finley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berkley Va.</u>	
MOTHER	15. MAIDEN NAME <u>Lucy L. Long</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Martinsburg Berkley Co. Va.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. A. M. Sandberg Lexington, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lexington Mo.</u> DATE <u>Dec. 23, 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. U. Clark &amp; Co. Lexington Mo.</u>		
20. FILED <u>Dec 31, 1938</u> <u>M. M. Crowe</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Dec 21, 1938  
 I last saw her alive on 12-20, 1938. Death is said to have occurred on the date stated above, at 2:30 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
Senility  
 Date of onset 12-18-38

Other contributory causes of importance:  
Senility  
1910

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

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. E. Subank (M. D.)  
 (Address) Raytown, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Clark Hegert

Licensed Embalmer No. 3983

P. O. Address Raytown 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.**