

JAN 20 1939

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

42189
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
 (b) Township Saltriver Primary Registration District No. 3002 Registered No. 161
 (c) City Mexico Mo (d) Street No. 504 S Washington 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 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Elizabeth Finley

(a) Residence, No. 504 S. Washington St. 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 Female 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 Lester Mauthas Finley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1877

7. AGE YEARS 61 MONTHS 10 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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) January 38 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson County, Kentucky

FATHER 13. NAME W. J. Marshall

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

MOTHER 15. MAIDEN NAME Nancy Long

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

17. INFORMANT (ADDRESS) Robert H. Finley 1204 S. Clark Mexico MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park, St. Louis County, Mo. DATE Dec. 24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. A. Precht & Son Mexico, Mo.

20. FILED Dec 24 1938 Blanche Keely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1938 to Dec. 23 1938
 I last saw her alive on Dec. 23 1938 Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis Date of onset 1930
Chronic interstitial nephritis 1935
Chronic myocarditis 1936

Other contributory causes of importance: 121

Name of operation _____ Date of _____

What test confirmed diagnosis? 121 Was there an autopsy? No

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) Karl E. Manewal M. D.
 (Address) Mexico, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-838

Date Filed 1/12/39

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,

Earl E. Precht

, or by

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

Signed

Earl E. Precht

Licensed Embalmer No. 3180

P. O. Address Mexico, 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.