MARGIN RESERVED FOR BINDING

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.

V. S. NO. E. 50M-20-37 I X12004

REC'D MAY 19 1939

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

16004
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois 2 Registration District No. 33
(b) Township Randolph 1 Primary Registration District No. 6024 B Registered No. 13
(c) City Frankclay Mo (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 ..... yrs. mos. ds. 0 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 526 George Francis Fingers
(a) Residence, No. Frankclay Mo St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1939
7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 0 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Frankclay Mo 0

FATHER
13. NAME George F Fingers 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat River Mo 0

MOTHER
15. MAIDEN NAME Ruby Theanis Barton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co Mo

17. INFORMANT (ADDRESS) Father Geo F Fingers Leadwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frankclay DATE April 4, 1939

19. FUNERAL DIRECTOR (ADDRESS) J. H. Boyer Son Leadwood Mo

20. FILED 5/10, 1939 W E Aubuchen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/3, 1937, to 4-3, 1937
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Stillbirth
Intracranial hemorrhage
Full Term

Date of onset 4/3/39

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) John W Hunt, M. D.
(Address) Leadwood Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)