

5-17-39
1 X21492

State File No. _____

Registration District No. 878

Primary Registration District No. 4531

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Sheldon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 40 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Sheldon Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME GEORGE HENRY FINCH

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1940 hour 9 minute 10 P.M.

4. Sex Male 5. Color or race white

6. (b) Name of husband or wife Goldie Finch 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 22 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 10 1939 to April 3 1940
that I last saw him alive on April 3 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 1 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of stomach with metastases to liver

Due to _____

Due to _____

9. Birthplace Laffayette Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watch

Other conditions (include pregnancy within 3 months of death) 4/3

MOTHER FATHER

11. Industry or business _____

12. Name Murray T. Finch

13. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Francis E. Corbin

15. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Fred Finch

(b) Address Sheldon Mo.

17. (a) Burial (b) Date thereof April 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon

18. (a) Signature of funeral director G. B. Beany & Sons

(b) Address Sheldon Mo.

19. (a) April 4 (b) Carroll T. Beany
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

792 _____ (Specify type of place) _____ (a) Means of injury _____

23. Signature Thomas G. Duxett (M. D. or other) 1

Address Sheldon Mo Date signed 4/4/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 4-40-560

Date Filed 4-8-40

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.