DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19220

State File No.

Registration District No. 112 — Primary Registration District No. 6886 — Registrar's No. 2

1. PLACE OF DEATH:

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Houstonia Rural (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.? X years.

3. (a) PRINT FULL NAME Roberta Francis Finch

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife S H Finch

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 25 (Day) 1853 (Year)

8. AGE: Years 86 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Gouden Co. (City, town, or county) Va. (State or foreign country)

10. Usual occupation house keeper

11. Industry or business

FATHER
12. Name Samuel Triplett
13. Birthplace (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edgar M Finch

(b) Address

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 21 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Chapel

18. (a) Signature of funeral director Westbrook

(b) Address Houstonia Mo

19. (a) 5-20 (Date received local registrar) (b) Vivian C. S. Taylor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1940 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 12 to 1940, to May 18, 1940, that I last saw her alive on May 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to Epidemic locally

Due to

Other conditions Age (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. L. Parkhurst (M. D. or other)

Address Houstonia Date signed May 20 1940

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-11-40

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

Signed H H Smiley

Licensed Embalmer No. 3987

P. O. Address Monatonia Mn.

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.