

SEP 1 1944  
Registration District No. 44

Primary Registration District No. 5447-B

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X 2  
In this community 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Franklin Finch

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jane Finch 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 25, 1860  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 28 If less than one day X hr. X min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER  
12. Name Jesse Finch  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Erwin Finch  
(b) Address Marshfield, Missouri

17. (a) Burial (b) Date thereof July 25, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Bluff

18. (a) Signature of funeral director Cox Jolley  
(b) Address Marshfield, Missouri

19. (a) Aug 1-40 (b) Harry Guier  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Jackson Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1940 hour 6 minute X p. M.

21. I hereby certify that I attended the deceased from March 4 - 1940 to July 18, 1940  
that I last saw him alive on July 18, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration 1 Year  
Duration

Due to \_\_\_\_\_

Due to 93C

Other conditions (Include pregnancy within 3 months of death)

Major findings: None  
Of operations

Of autopsy None

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? 28

(Specify type of place) While at work? (a) Means of injury \_\_\_\_\_

23. Signature A. H. Fritch (M. D. or other) M.D.  
Address Stropard Mo. Date signed 7/31/40

WHITE PENCIL—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.

1 X1811

RECEIVED

Greene County Health Office,

County File Number 40-9-71

Date Filed 9-12-40

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..... X

..... X ..... X ..... Registered Apprentice No. X  
working under my personal supervision.

Signed [Signature].....

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.