

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 250

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
735 East 5th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

8. (a) PRINT FULL NAME William Robert Finnell 540

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

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

6. (b) Name of husband or wife Lennie Blythe Finnell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 6 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Cleveland Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business Mo. Pac. R.R.

MOTHER FATHER { 12. Name Adolphus D. Finnell 9

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

14. Maiden name Nancy Pickens

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

16. (a) Informant Mrs. W.R. Finnell

(b) Address Sedalia?mo.

17. (a) Burial (b) Date thereof Aug. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 8-3-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 735 East 5th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1940 hour 9 minute 53 A.M.

21. I hereby certify that I attended the deceased from 1939
1934 19 to Aug 1 1940
that I last saw him alive on July 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death leucemia of liver Duration 1 yr.

Due to _____
Due to 46
Other conditions (include pregnancy within 3 months of death) _____

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?
906
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. J. E. ... (M. D. or other) 1
Address Sedalia, Mo. Date signed 8/240

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-11-40

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 _____

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

Signed

L. E. Bouldin

Licensed Embalmer No.

3867

P. O. Address

Seaboard, Md.

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.