

JAN 25 1940

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 148

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Melbourne Clair Finley

3. (b) If veteran, name war XX 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Sept 10 1912  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>28</u> | <u>3</u> | <u>5</u> | hr. _____ min.       |

9. Birthplace Dent Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation In grocery store

11. Industry or business X

MOTHER FATHER { 12. Name Bert Finley

13. Birthplace Dent Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name Stella Butler

15. Birthplace Dent Co Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Finley  
(b) Address Salem Mo

17. (a) burial (b) Date thereof 12/17/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carty Cem

18. (a) Signature of funeral director Carl F. Spencer

(b) Address Salem Mo

19. (a) Dec. 17, 1940 (b) Joe F. Ayers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 14  
year 1940 hour 10 minute 21 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him ~~her~~ alive on Dec. 14, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull and broken neck from an automobile accident Duration \_\_\_\_\_  
Due to accident

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? Yes (Specify means of injury) \_\_\_\_\_

23. Signature William McFarland (M. D. or other) \_\_\_\_\_

Address Rolla, Mo. Date signed 12-15-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

2/19 M  
93

RECEIVED

District Health Officer No. 5,

District File Number 14148

Date Filed \_\_\_\_\_

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 J. W. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43488

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Phella  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 Melbourne Clair Finley

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 28 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 14 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death fractured skull and broken neck from an automobile accident  
Due to \_\_\_\_\_

Due to N.M.D.

Other conditions (include pregnancy within 3 months of death) 170 cc b- 96

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) accident

(b) Date of occurrence Dec 14, 1940

(c) Where did injury occur? Not known (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? N.M.D.

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

23. Signature [Signature] (M. D. or other)

Address 9411a MO Date signed \_\_\_\_\_

SUPPLEMENTARY

S-43488

*Jefferson*