

FILED FEB 18 1941

Registration District No. 710

Primary Registration District No. 5939

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Palk
(b) City or town Pleasant Hope
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North of Pleasant Hope, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community one year.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Palk
(c) City or town North of Pleasant Hope 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10.
year 1941 hour 6:45 minute 2. M.

21. I hereby certify that I attended the deceased from
January 7 1941 to January 10 1941;
that I last saw him alive on January 7 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the liver

Duration 3 months
Due to _____
Due to _____

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.

3. (a) PRINT FULL NAME Damon Finckhner

3. (b) If veteran, name war None 8. (c) Social Security No. V

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

6. (b) Name of husband or wife Anna Finckhner 6. (c) Age of husband or wife if alive 65 years

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

8. AGE: Years 66 Months 5 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Joseph Finckhner

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

14. Maiden name Rachel Jewell

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

16. (a) Informant Palosh Finckhner

(b) Address Pleasant Hope Mo.

17. (a) Burial (b) Date thereof Jan 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmerston Park

18. (a) Signature of funeral director William D. Brown

(b) Address Pleasant Hope Mo.

19. (a) Jan 11-41 (b) Estelle Benton
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. E. Albright, M. D. (or other) _____
Address Pleasant Hope Mo. Date signed Jan 11, 1941

RECEIVED

District Health Officer No. 7,

District File Number 2-41-186

Date Filed 2-4-41

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 _____

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

Signed Richard R. Erwin

Licensed Embalmer No. 3093

P. O. Address Baltimore

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.