

No. 2  
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17-39  
X21492

FILED FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4631

State File No. \_\_\_\_\_

Registration District No. 853

Primary Registration District No. 6117

Registrar's No. 1

1. PLACE OF DEATH

(a) County Sullivan

(b) City or town Rural Liberty Twp  
(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 \_\_\_\_\_ (Specify whether)

In this community Three years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Rural Liberty Twp  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) RFD 1 near No 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME David Mattison Finchum

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1941 hour 5:15 minute P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marya

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

7. Birth date of deceased July 14, 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 3, 1941, to Jan 5, 1941, that I last saw him alive on Jan 3, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

8. AGE: Years 74 Months 5 Days 21

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

Due to stroke

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

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

10. Usual occupation Farmer

MOTHER, FATHER

11. Industry or business \_\_\_\_\_

12. Name David Finchum

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

14. Maiden name Eizabeth Tropel

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

PHYSICIAN

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

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

Underline the cause to which death should be charged statistically.

16. (a) Informant Samuel Finchum

(b) Address Milam Mo

17. (a) Burial (b) Date thereof Jan 7, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Cem

18. (a) Signature of funeral director Schoeres

(b) Address Milam Mo

19. (a) Jan 9, 1941 (b) Mrs. Ruth Tucker  
(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? 76%  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature U. S. Bradley (M. D. or other) \_\_\_\_\_

Address Hamm Mo Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

15  
12

RECEIVED

District Health Officer No. 10

District File Number 2-415999

Date Filed FEB 14 1941

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1 417

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.....

*Frank D. Schoene*

Registered Apprentice No. ....

working under my personal supervision.

Signed *Frank D. Schoene*

Licensed Embalmer No. 2016

P. O. Address Milwaukee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.