

1943 MAR 14 1944

Registration District No. **276**

Primary Registration District No. **5388**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County Douglas
 (b) City or town Rural Cass Tap
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas
 (c) City or town Rural (nearwood)
 (If outside city or town limits, write "RURAL")
 (d) Street No. Eight Miles South of Norwood
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME Sherman Finch

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased 11 24 1963
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 3 hr. min.

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

10. Usual occupation Farming

11. Industry or business Employer

12. Name Ely Finch

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

14. Maiden name Emma Head

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

16. (a) Informant's own signature E. D. Finch

(b) Address Norwood, Mo.

17. (a) burial (b) Date thereof 1-28-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Finch

18. (a) Signature of funeral director Baldwin Funeral Home

(b) Address Norwood Mo.

19. (a) 2-18 1941 (b) _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
 year 1941 hour 5 minutes 30 P. M.

21. I hereby certify that I attended the deceased from Jan 21
 _____, 1941, to Jan 27, 1941;
 that I last saw him alive on Jan 21, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
arteriosclerosis
 Due to _____

Due to _____
 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? _____

23. Signature [Signature] (Specify type of place) _____ (e) Means of injury _____
 Address [Address] Date signed 1-28-41

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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

Rev. 5-17-39 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.

RECEIVED

District Health Officer No. 6;

District File Number 341-362

Date Filed MAR 4 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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. 6836
Registrar's No. 21

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 276

Primary Registration District No. 5388

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Capes 1. P.
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Sherman Finch

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 widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased 11 24 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 2 3 _____ 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 _____
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) 2-18 1941 (b) Reba King White
(Date received local registrar) (Registrar's signature)

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.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 27
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature L. J. Vannoy (M. D. or other) _____

Address Narwood Date signed _____

SUPPLEMENTAL

