

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7804

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No.)

Registration District No. 3032
Primary Registration District No. 668

File No. 77
Registered No. 77 668
St. Ward)

2. FULL NAME

Clara Amelia Finckland

(a) Residence, No. 1308 S. Lamine St., Ward. 0
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Finckland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 1893

7. AGE YEARS 57 MONTHS 1 DAYS 1 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wmfr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portland Missouri

MOTHER FATHER 13. NAME Anton Schmid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER FATHER 15. MAIDEN NAME Annie Rudi

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Surgutland

17. INFORMANT Mrs. Cecil Bodan (ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portland Mo. DATE 2-27-41

19. UNDERTAKER Mrs. Laughlan Bros. (ADDRESS) Sedalia Mo.

20. FILED Feb 27 19 41 Mrs. Harry Seiler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1941

22. I HEREBY CERTIFY, That I attended deceased from June 1925 to Feb 26 1941
I last saw h. ee alive on February 26, 1941. Death is said to have occurred on the date stated above, at 12:35 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (Decompensated) 1937
Other contributory causes of importance: Influenza
Hypostatic Pneumonia
Name of operation no Date of Feb 16 1941
What test confirmed diagnosis? Fundus Was there an autopsy? Feb 23 1941

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 19.....
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) John B. Quince M.D. M. D.
(Address) Sedalia Mo.

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.

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RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-13-47