

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.

FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8533
Registrar's No. 7

Registration District No. 1122

Primary Registration District No. 6226

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Norwood, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1st St. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Eugene Finch

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Male **5. Color or race** white

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

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

7. Birth date of deceased Dec. 5 1940
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>2</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { **12. Name** James Finch

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

14. Maiden name Miney Akeman

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

16. (a) Informant's own signature Henry Berry Finch

(b) Address Norwood, Missouri

17. (a) Burial **(b) Date thereof** 2-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomas Cemetery

18. (a) Signature of funeral director None

(b) Address _____

19. (a) 3-10-41 **(b) Royal Burnett**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Norwood
(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 2 day 12
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2/5
1941 to 2/9 1941

that I last saw him alive on 4 Feb - 1941 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Shin to eye

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

Address [Address] **Date signed** 2/12/41

RECEIVED

District Health Officer No. 1

District File Number

341-425

Date Filed

MAR 11 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.