

FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28261

State File No. _____

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 83

36
266
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington

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

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 11 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington
(If outside city or town limits, write "RURAL")

(d) Street No. 614 Roberts Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George William Finder

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

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

6. (b) Name of husband or wife Anna Finder 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 6th 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation retired farmer

11. Industry or business farming

MOTHER FATHER { 12. Name John Wilhelm Finder

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

14. Maiden name Elizabeth Bernadine Strategier

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

16. (a) Informant Margaret Finder

(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof Aug. 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Henry W. Otto
Washington, Mo.

(b) Address _____

19. (a) Chgo. 23-1941 (b) _____ (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION 22

20. DATE OF DEATH: Month Aug day 22, 1941
year _____ hour 16 30 minute _____ M.

21. I hereby certify that I attended the deceased from July 1, 1941
to Aug 22, 1941;

that I last saw him alive on Aug 22, 1941, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Other by accident

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.

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

Address Washington Mo. Date signed 8/23/41

210 (Licensed Embalmer's Statement on Reverse Side)

Beer

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 none other Registered Apprentice No. none working under my personal supervision.

Signed Henry W. Otto
Licensed Embalmer No. 3560
P. O. Address Washington

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, fact should be so stated above.