. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 488

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5562

State File No. 6902

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural, Marion Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R # 4 Carthage (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 66 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. R # 4 Carthage (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Orville Perry Finton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ellen

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

7. Birth date of deceased Aug. (Month) 16 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
66	5	17	hr. min.

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

10. Usual occupation Labor

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ellen Finton

(b) Address R# 4 Carthage

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Magfolin Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Feb. 5, 1942 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd year 1942 hour 12 25 minute M.

21. I hereby certify that I attended the deceased from Feb 3rd, 1942 to Feb 3rd, 1942 that I last saw him alive on Feb 3rd, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 1½ hours

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 940

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? (Specify type of place)

While at work? Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address Sol Geant, Carthage Mo. Date signed 2-5-42

(Licensed Embalmer's Statement on Reverse Side)

42.2-121

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Me

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.