

FILED MAR 12 1947
Registration District No. _____

Primary Registration District No. 403

State File No. _____

Registrar's No. 21

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

1. PLACE OF DEATH: Phelps Co.
 (a) County
 (b) City or town Rolla Mo 47.000
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Rolla Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 hrs
 (Specify whether
 In this community 37 years
 years, months or days)

3. (a) PRINT FULL NAME Ralph E. Finsley
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 498-16-7932
 498-16-7932
 498-16-7932

4. Sex M race W
 5. Color or _____
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Dolly Finsley
 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased March 26 1904
 (Month) (Day) (Year)

8. AGE: Years 37 Months 10 Days 11 If less than one day
 hr. min.

9. Birthplace Deut County Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Robert E. Finsley
 13. Birthplace Phelps Co. Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Allma M. Stevenson
 15. Birthplace Salem Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Robert E. Finsley

(b) Address Salem Mo R 40

17. (a) Burial (b) Date thereof 2-17-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Round Pond

18. (a) Signature of funeral director Robert E. Finsley

(b) Address Salem Mo

19. (a) 2-8-1947 (b) J. C. H. _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Deut
 (c) City or town Rural-Spring Creek Township
 (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 February day 7
 year 1947 hour 7 minute 15 PM

21. I hereby certify that I attended the deceased from 2-7
 1947 to 2-7 1947
 that I last saw him alive on February 7th 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis non-specified
 from influenza
 Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 338

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

Signature _____ (M.D. or other)
 Address Rolla Mo Date signed 2-8-47

Duration
 Underline the cause to which death should be charged statistically.

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.....

H. D. Hobson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. D. Hobson

Licensed Embalmer No.....

926

P. O. Address.....

Salem Mo.

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.