

S. No. 2
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7. 5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1942
Registration District No. 42

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18254

State File No. _____
Registrar's No. 41

Primary Registration District No. 5525

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Herculaneum
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Herculaneum
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Luttie Daisy Finney
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22
year 1942 hour 8 minute 15 p. M.
21. I hereby certify that I attended the deceased from May 22,
1942 to May 8, 1942
that I last saw her alive on May 8
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elbert F. Finney
6. (c) Age of husband or wife if alive 59 years

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

7. Birth date of deceased July 20 1888
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
53 10 2 hr. min.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____
23. Signature [Signature] (M. D. or other) _____
Address Herculaneum, Mo. Date signed 5/25/42

9. Birthplace Kinsey Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Alexander Jenning
13. Birthplace Brickeys Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ada Patterson
15. Birthplace Ste. Genevieve Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Elbert F. Finney
(b) Address Herculaneum Mo.

17. (a) Burial (b) Date thereof May 25-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rose Lawn Memorial Park
18. (a) Signature of funeral director Fink Und. Co.
(b) Address Festus, Mo.
19. (a) 5/25/42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

1265 (Licensed Embalmer's Statement on Reverse Side)

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..... *Province*

Licensed Embalmer No. *3403*
P. O. Address *Festus 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.