V. S. No. 2
50M—5-42
Rev. 5-17-39
P I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21500

State File No.

Registration District No. 140 Primary Registration District No. ~~3024~~ 5549 Registrar's No. 39

45
0
0

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

1. PLACE OF DEATH:
(a) County Howard,
(b) City or town Fayette "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Richmond Inn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Howard, 45
(c) City or town Fayette "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha Francis Finn,
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Dr Thomas Finn,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Decemabe 12th 1853
(Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Kentucky, (City, town, or county) 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Cage Dockins,
13. Birthplace Kentucky, (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Elizabeth Moore,
15. Birthplace Kentucky, (City, town, or county) 1 (State or foreign country)
16. (a) Informant Willie John Eaton,
(b) Address Fayette, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 2 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Boonesborro,
18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.
19. (a) 6-2-1943 (Date received local registrar) (b) Ernest McWilliams (Registrar's signature)

329
/22/43

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1943 hour 12:40 minute A M.
21. I hereby certify that I attended the deceased from 5-26-43
, 19 , to 5-29 1943
that I last saw her alive on 5-26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Right hip

Due to Fall

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration
10 days

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) Accident fall
(b) Date of occurrence 5-26-43 0 45
(c) Where did injury occur? Fayette (City or town) Howard (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? (e) Means of injury Fall
23. Signature W. Bloom (M. D. or other) M.D.
Address Date signed 6-2-43

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1945

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 Guy T. Hillis

Licensed Embalmer No. 2961

P. O. Address Fayette 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.