

Registration District No. 178

Primary Registration District No. 4281

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

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town Canton
 (If outside city or town limits, write "RURAL" and name of township)
 (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
 (Specify whether
 In this community Entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lewis
 (c) City or town Canton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 418 7th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lenora Eckert Finkler
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20
 year 1943 hour 10 minute 40 P. M.

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, Widowed
6. (b) Name of husband or wife William Finkler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 25 1880
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 20 1943
 that I last saw him alive on June 20 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 6 Days 25
 If less than one day hr. min.

Immediate cause of death Coronary Occlusion
 Duration 1 day

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

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation Housekeeper

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Andrew Eckert
13. Birthplace St. Louis
 (City, town, or county) (State or foreign country)
14. Maiden name Minnie Gengerich
15. Birthplace Lebanon
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant Adelbert Finkler
(b) Address Jefferson, Illinois

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? _____ (a) Means of injury _____

17. (a) Burial (b) Date thereof June 23 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director Garth N. Baehler
(b) Address Canton, Mo.

23. Signature W. D. Hallard (M. D. or other) DO
Address Canton Mo Date signed 6-23-43

19. (a) 6/19/43 (b) P.W. Jennings
 (Date received local registrar) (Registrar's signature)

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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

Earl A. Barkley

Licensed Embalmer No.

2615

P. O. Address

Canton

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, above space should be left blank.