

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 13

Registration District No. 321

Primary Registration District No. 6083

1. PLACE OF DEATH:

(a) County: Saline
(b) City or town: Nelson
(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: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: mo (b) County: Saline
(c) City or town: Nelson
(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: JOHN LEWIS FINLEY

3. (b) If veteran, name war: ✓ 3. (c) Social Security No.: ✓

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: May Ella Finley 6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: April - 6 - 1872
(Month) (Day) (Year)

8. AGE: Years: 71 Months: 3 Days: 10 If less than one day: hr. min.

9. Birthplace: Cooper Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER { 12. Name: John Peter Finley
13. Birthplace: Morgan Co mo
(City, town, or county) (State or foreign country)
14. Maiden name: Crickett
15. Birthplace: Cooper Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Finley Finley
(b) Address: Nelson mo

17. (a) Burial (b) Date thereof: 7-18-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Nelson mo

18. (a) Signature of funeral director: Harry Hershberger
(b) Address: Marshall mo

19. (a) 7-16-1943 (b) W.E. Shackelford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 16
year: 1943 hour: 5 minute: 00 A.M.

21. I hereby certify that I attended the deceased from June 12, 1948 to July 16, 1943
that I last saw him alive on July 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the bowel

Due to:

Other conditions (Include pregnancy within 3 months of death): 462

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?

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7000

1255

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office

Original File Number
Date Filed 8-6-43

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 Harvey Hershberger, Registered Apprentice No. 334 working under my personal supervision.

Signed Fred Wilkinson
Licensed Embalmer No. 7478
P. O. Address Clenon 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.