

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31207**  
Registrar's No. **1041**

Registration District No. **04342**  
Primary Registration District No. **1000**

1. PLACE OF DEATH: **Buchanan**  
(a) County **St. Joseph**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**903 North 12th Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **86 years**  
In this community **86 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **903 North 12th Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Mary Magdaline Finch**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widow**  
6. (b) Name of husband or wife **John A. Finch**  
6. (c) Age of husband or wife if alive, years **28**  
7. Birth date of deceased **March 28, 1859**  
(Month) (Day) (Year)

8. AGE: Years **84** Months **5** Days **3**  
If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Benjamin F. Sampson**  
13. Birthplace **Knoxville Illinois**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Eliza Jane Ewell**  
15. Birthplace **Elkhart Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Family Records**  
(b) Address **903 N. 12th St.**

17. (a) Burial **Bethel Cemetery**  
(Burial, cremation, or removal) (b) Date thereof **9/3/1943**  
(Month) (Day) (Year)  
(c) Place: burial or cremation

18. (a) Signature of funeral director **Walter Meierhoffer**  
(b) Address **13th. Faraon St. St. Joseph, Mo.**

19. (a) **9/3/43** (b) **Walter Meierhoffer**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **September** day **1st.**  
year **1943** hour **8:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **April - 1943**  
**1943**, to **date of death**; 19**43**;  
that I last saw **or** alive on **Aug 31**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Haemiplegia**  
Due to **Atherosclerosis**

Due to

Other conditions **f3d**  
(Includes pregnancy within 3 months of death)

PHYSICIAN  
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

23. Signature **C. W. Sampson** (M. D. or other title)  
Address **14 John Temple Bldg. St. Joseph, Mo.** Date signed **Sept 2, 1943**

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

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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 *Albert C. Harrington*  
Licensed Embalmer No. 3258 Missouri  
P. O. Address St. Joseph, Missouri.

**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.**