

FILED APR 12 1944

Registration District No. 270

Primary Registration District No. 5773

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Mercer County
(b) City or town Morgan Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Hospital
(If not in hospital or institution, give number or location) 0
(d) Length of stay: In hospital or institution 3 weeks
In this community All his life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 65
(c) City or town _____
(If outside city or town limits, write "RURAL") 05
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ D

3. (a) PRINT FULL NAME Robert N. Finnen

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 18 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months _____ Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Mail Carrier

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Tinnin

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name MC Bribe

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eva Wells

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof Mar 17 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ravanna Cemetery

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo.

19. (a) 3-15-44 (b) Edwin Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR 15 day 15 year 44 hour 9 AM minute 0 M.

21. I hereby certify that I attended the deceased from MAR 9-9-44 to MAR 15 1944 that I last saw him alive on MAR 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death frailty Duration _____

Due to old age

Due to _____

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

Major findings: Of operations 162.8

Of autopsy _____

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) _____

(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) (c) Means of injury _____

23. Signature E W Steep (M. D. or other) M.D.
Address Princeton, Mo. Date signed 3/15/44

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

1367

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Paul Ross
Licensed Embalmer No. 2634
P. O. Address Jamaica, N.Y.

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.

Registration District No. 210

Primary Registration District No. 5713

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

1. PLACE OF DEATH:
 (a) County Merces
 (b) City or town Morgan Township
(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 years, months or days)

3. (a) PRINT FULL NAME Robert N. Timmer
 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 w
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 18 1886
(Month) (Day) (Year)

8. AGE: Years 77 Months _____ Days _____
(Unless than one day, min.)
 9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____
MOTHER { 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Merces
 (c) City or town Ravanna
(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 _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month mar day _____
 year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death senility

Duration _____
 Due to old age
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
PHYSICIAN _____
 Major findings:
 Of operations _____
 Of autopsy _____
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) _____
 (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? _____ (e) Means of injury _____
 23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

SUPPLEMENTARY

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