2
43
39
35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19254

State File No.

FILED MAY 26 1943

Registration District No. 3273

Primary Registration District No. 3074

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Sikeston General Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hosp. 4days (Specify whether
In this community Several Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 10.

(c) City or town Bertrand (Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R# 1 Long Prairie Twp.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Ester Pauline Fincher

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex F 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eugene Fincher

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased October (Month) 23 (Day) 1922 (Year)

8. AGE:

Years	Months	Days	If less than one day
21	0	24	hr. min.

9. Birthplace NK (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

FATHER
12. Name Bernard Little
13. Birthplace N.K. (City, town, or county) N.K. 9 (State or foreign country)

MOTHER
14. Maiden name Ester Hunt
15. Birthplace N.K. (City, town, or county) N.K. 9 (State or foreign country)

16. (a) Informant Eugene Fincher
(b) Address Mrs. Ester Little R#1 Bertrand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Charleston, Mo.

18. (a) Signature of funeral director John F Nunnelee Jr
(b) Address Charleston Mo

19. (a) 5/8/44 (Date received local registrar) (b) Louie Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1943 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from 11-11, 1943, to 11-17, 1943
that I last saw her alive on , 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Brain Abscess	1 wk
Due to	
Due to	
Other conditions Cerebro Spinal Lues (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy 30 P

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Thos. C. McClure (M. D. ~~or other~~)
Address Sikeston. Mo. Date signed 11-22-43

1317

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 544
Date Filed 5-16-44

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charlestown, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.