

FILED JUL 11 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 207

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

1. PLACE OF DEATH:

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution 24 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bobbie Charles Finley

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years 12 _____ days 1936 _____ (Month) (Day) (Year)

7. Birth date of deceased: _____
8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Lloyd Finley

13. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Esther Steele

15. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Finley

(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 6/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 6-19-44 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1944 hour 3 minute 45 a.m.

21. I hereby certify that I attended the deceased from June 16 1944 to June 17 1944 that I last saw him alive on June 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Shock Duration _____

Due to Rupture of spleen translated _____

Due to fall from horse _____

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

Major findings: Rupture of spleen PHYSICIAN _____
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:

(c) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence June 16 1944

(c) Where did injury occur? Morgan Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm

(c) Means of injury fall from work

23. Signature Chas DeHaven (M-D, or other) _____

Address Sedalia Mo Date signed 6/19/44

4357 June 17

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-10-64

9181

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 L. F. Parker

Licensed Embalmer No. 2840

P. O. Address Walden 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.