

FILED SEP 8 1944
Registration District No. 107

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett 9760
(c) Name of hospital or institution Prussell Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Peachersford
(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

Willard Finley

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

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

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

7. Birth date of deceased _____ (Month) 7 (Day) 17 (Year) 1944

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr. 10 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Willard Finley
13. Birthplace Kennett Mo (City, town or county) (State or foreign country)
14. Maiden name Ruby Johnson
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Willard Finley
(b) Address Peachersford Mo

17. (a) Burial (b) Date thereof 7-18-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lynch Cem Co

18. (a) Signature of funeral director Lynch Cem Co
(b) Address Kennett Mo

19. (a) 825 Hwy (b) Julia Blankenship (Date received local residence) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17 year 1944 hour 9 minute 20 M.

21. I hereby certify that I attended the deceased from 7-17 1944, to 7-17 1944 that I last saw him alive on 7-17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (5 mo) Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____ 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) (e) Means of injury _____

23. Signature G. L. ... (M. D. or other) MD
Address Kennett Mo Date signed 7-24-44

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

RECEIVED

District Health Office No. 2,

District File Number 944-1193

Date Filed 9-6-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.