

FILED DEC 7 1944  
Registration District No. **70344**

Primary Registration District No. **3018**

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

1. PLACE OF DEATH:

(a) County Dent Co  
(b) City or town Salem  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X 1  
(Specify whether years, months or days)  
In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent **33**  
(c) City or town Salem **1**  
(If outside city or town limits, write "RURAL") **1**  
(d) Street No. \_\_\_\_\_ (If Rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X **0**

3. (a) PRINT FULL NAME

Stella Belle Finley

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Bert F Finley 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Dec 18 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 9 13 hr. min.

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

10. Usual occupation housewife

MOTHER FATHER { 11. Industry or business

12. Name William Butler

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

14. Maiden name Martina Ellen Davies

15. Birthplace Texas Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Chas Finley

(b) Address Salem Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Party Cem

18. (a) Signature of funeral director Carl Janner

(b) Address Salem Mo

19. (a) 11-2-44 (Date received local registrar) (b) Geo W McLeod by Mrs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-16-43 to 10-28-44, 19\_\_\_\_; that I last saw her alive on 10-28-44, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to \_\_\_\_\_

Due to 43rd

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 2

23. Signature Charles K. Fuchs (M. D. or other) D.D.  
Address Salem, Mo. Date signed 11-1-44

Date Filed  
District Health Officer No. 5,  
District File Number

RECEIVED

RECEIVED  
District Health Officer No. 5,  
District File Number 1244574  
Date Filed 13-4-44

**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 Carl H. Gurner

Licensed Embalmer No. 2370

P. O. Address Palmer 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.

E.H.