

FILED DEC 24 1944

Registration District No. _____ Primary Registration District No. **5424**

1. PLACE OF DEATH:

(a) County **Duquoin**
(b) City or town **Wilhelmina Union Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Wilhelmina Pt.**
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **25 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Duquoin**
(c) City or town **Wilhelmina** **35**
(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 **JOHN B. FINDER**

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 **Married**
8. (b) Name of husband or wife **Mary Ann** (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec 12 1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **10** Days **24** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER { 12. Name **John William Finder**

13. Birthplace **H. Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Bernadene Spodeget**

15. Birthplace **Hannover Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **G. W. Finder**

(b) Address **Wilhelmina, Mo.**

17. (a) **Burial** (b) Date thereof **11-9-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sacred Heart Cemetery**

18. (a) Signature of funeral director **W. H. G. G. G.**

(b) Address **Piggott Ark**

19. (a) **11-9-1944** (b) **Max P. Oliver**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **6**
year **1944** hour **9** minute **20 P** M.

21. I hereby certify that I attended the deceased from **Oct 30** 19**44** to **Nov 6** 19**44**
that I last saw him **alive** on **11-5-44** and that death occurred on the date and hour stated above.

Immediate cause of death **Probably ruptured gall bladder with acute chronic gall bladder infection.**
Due to _____
Duration _____

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

Major findings: Of operations _____
Of autopsy _____
127 lb

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 **W. E. Turner** (M. D. or other) **MD**
Address **Piggott Ark** Date signed **11-25-44**

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

506

1150

L. J. Elmer
Ella

RECEIVED

District Health Office No. 2,

District File Number 124-1631

Date Filed 12-13-44

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 Carner*

Licensed Embalmer No. 2912

P. O. Address *Rector, Ark. Pt.*

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.