

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hrs. (Specify whether
In this community all life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural 72
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No. / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martin Vaughn Fincher

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 3 20 1943
(Month) (Day) (Year)

8. AGE: Years 2 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Matthews Mo. 7
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

12. Name Verlon Fincher

13. Birthplace East Prairie Mo. 1
(City, town, or county) (State or foreign country)

14. Maiden name Ruth R. Hatley

15. Birthplace Wynberg Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Verlon Fincher

(b) Address Sikeston, Mo Rt. 3

17. (c) Burial (b) Date thereof 3/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial in

18. (a) Signature of funeral director John Alston

(b) Address Sikeston Mo.

19. (a) 4/7/45 (b) Levie Largent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28
year 1945 hour 10 minut 30 P. M.

21. I hereby certify that I attended the deceased from 3-28-45
19... to 3-28-45 19...
that I last saw him live on 3-28-45 19...
and that death occurred on the date and hour stated above.

Immediate cause of death And + third degree Burns over entire Body of Shank. Duration 4 hrs

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 181-1/15

Of autopsy 10

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) accident

(b) Date of occurrence 3/28/45

(c) Where did injury occur Libertan Tenn (City or town) (County) (State)

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

While at work? yes (Specify type of place) business to start

(e) Means of injury gun

23. Signature Harward M. ... (M. D. or other) me

Address Libertan Tenn Date signed 3/28/45

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

52

1318

RECEIVED
District Health Office No. 2
District File Number 445161
Date Filed 4/14/45

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.....

.....**Embalmed**....., Registered Apprentice No.....
working under my personal supervision.

Signed *John Alenton*.....

Licensed Embalmer No. 2941.....

P. O. Address **Sikeston, 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.