

M-1-4-41  
v. 5-17-39  
X28390

Dr. Kendig  
FILED APR 19 1945  
Registration District No. 233

Primary Registration District No. 3074

Registrar's No. \_\_\_\_\_

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.  
In this community About 7 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Ruth R. Fincher

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

4. Sex F.M. / 5. Color or race W  
6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Verlon Lee Fincher  
6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased 10 16 1916  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>5</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Vernice Hatley

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

14. Maiden name Eva Ghosten

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

16. (a) Informant Verlon Lee Fincher

(b) Address Sikeston, Mo., Rt. 3

17. (a) Burial (b) Date thereof 3/30/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director John Alveston  
(b) Address Sikeston, Mo.

19. (a) 4/7/45 (b) Louis 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 her alive on 3-28-45 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death and third degree burn over entire body  
Due to shock

Duration

4 hrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 18/15

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 72

(b) Date of occurrence 3-28-45

(c) Where did injury occur Sikeston Scott Mo  
(City or town) (County) (State)

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

While at work? yes (Specify type of place) know no  
(e) Means of injury start

23. Signature Howard M. Kendig (M. D. or other) MD  
Address Sikeston Date signed mo

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

1318

RECEIVED  
District Health Office No. 2,  
District File Number 445-611  
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 Allerton

Licensed Embalmer No. 2941

P. O. Address Stikeston, 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.**