

**FILED** AUG 13 1945

Registration District No. 33 Primary Registration District No. 3010 Registrar's No. 214

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

1. PLACE OF DEATH:  
 (a) County Cape Girardeau  
 (b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
(Specify whether)  
 In this community 25 years  
years, months or days

3. (a) PRINT FULL NAME GARRIE L. FINCH

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife James A. Finch, Sr 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 Birth date of deceased Dec - 25 - 1878  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 14 If less than one day  
hr. min.

9. Birthplace Lebanon Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Martin B. Lehman

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

14. Maiden name Sarah J. Burston

15. Birthplace Lebanon Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Finch Jr.

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof July 12 - 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walthus Und. Co

(b) Address Cape Girardeau Mo

19. (a) 7-11-45 (b) G. W. Phelps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Cape Girardeau  
 (c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 615 W. Henderson  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
 year 1945 hour 8:45 minute \_\_\_\_\_ p.M.

21. I hereby certify that I attended the deceased from Aug 15, 1940 to July 9, 1945.

that I last saw her alive on July 9, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Haemia Duration \_\_\_\_\_

Due to metastatic cancer of bladder blocking ureters

Due to Primary Carcinoma of sigmoid

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 521

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 Carl W. Minneman (M. D. or other) \_\_\_\_\_

Address Cape Girardeau Mo Date signed July 19/45

Health Officer No. 4  
District File Number 845-982  
Date Filed 8-10-45

JAN 20 1946

**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 Virgil H. Kelch  
Licensed Embalmer No. 4102  
P. O. Address Cape S. Bourdeau

**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.**