

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

16636

FILED JUN 3 1946

1. PLACE OF DEATH

41 County Jackson Registration District No. 149  
Township New Primary Registration District No. 1002  
City W C Mo (No. Gen. Hosp. #2 Leuko St.          Ward)         

File No.           
Registered No. 2299  
St.          Ward)         

2. FULL NAME

James Finch

(a) Residence, No. Northome Mo. St.          Ward.         

Length of residence in city or town where death occurred yrs. mos. ds. 6 wks How long in U. S., if of foreign birth? yrs. mos. ds.         

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-24-33

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
13 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. going to School  
10. Date deceased last worked at this occupation (month and year)          11. Total time (years) spent in this occupation         

12. BIRTHPLACE (CITY OR TOWN) Northome Mo. (STATE OR COUNTRY) Cassell County

13. NAME Robert Finch

14. BIRTHPLACE (CITY OR TOWN) Northome Mo. (STATE OR COUNTRY) Cassell County

15. MAIDEN NAME Francis Finch Alexander

16. BIRTHPLACE (CITY OR TOWN) Northome Mo. (STATE OR COUNTRY) Cassell County

17. INFORMANT (ADDRESS) Robert Finch  
Northome Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE May 25 1946

19. UNDERTAKER (ADDRESS) John & Eitch  
Northome Mo.

20. FILED 5-23 1946 Geraldine Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1946

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1946, to May 23, 1946

I last saw him alive on May 23, 1946. Death is said to have occurred on the date stated above, at 8:30 A. M.

The principal cause of death and related causes of importance were as follows:

Skull Fracture - Frontal  
& Ethmoid Bone -  
Fracture mandible  
(Lower jaw)  
non collision

Other contributory causes of importance:  
Strepto-Coccus meningitis - Toxemia  
1900-8

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy?         

23. If death was due to external causes (violence), fill in also the following:           
accident, suicide, or homicide? accident Date of injury 4/5/46

Where did injury occur? Northome, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.         

Manner of injury Auto - mobile

Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify         

(Signed) J. J. Illman (M. D.)  
(Address) 1618 Sydia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 15518

1