S. No. 2
—8-43
5-17-39
X37823

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

28943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30108

FILED SEP 23 1946

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 61

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours (Specify whether years, months or days)
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard 45
(c) City or town Fayette 1
(If outside city or town limits, write "RURAL")
(d) Street No. ------ 1
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME Reuben Taylor Finnell
3. (b) If veteran, name war ------
3. (c) Social Security No. -----
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marilyn Wortmann Finnell
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased February (Month) 2, (Day) 1880 (Year)

8. AGE: Years 66 Months 7 Days 6 If less than one day hr. ----- min.

9. Birthplace Randolph Co. Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Meat Cutter (Retired)
11. Industry or business ------

FATHER
12. Name John Finnell 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Florence Finnell
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marilyn Finnell
(b) Address Fayette, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation Annandale, Minnesota
18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri
19. (a) 9-9-46 (Date received local registrar) (b) Anna A. Tindall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 8th Year 1946 hour 11:00 minute A. M.
21. I hereby certify that I attended the deceased from 9-8-46, 19..., to 9-8, 1946, that I last saw him alive on 9-8, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 1½ hr.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Chronic asthma — 10 yrs.
Major findings:
Of operations
Of autopsy

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? 0
While at work? (Specify type of place) (e) Means of injury
23. Signature Iva Bloom (M. D. or other) M.D.
Address Fayette Mo Date signed 9-9-46

125 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7-21-76

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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette Miss.

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.