

FILED APR 1 1947
 Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **99**

16
 4
 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
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Days** (Specify whether years, months or days) **3 Days**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Francis**
 (c) City or town **Farmington**
 (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 **Marie Elenar Finney**
 3. (b) If veteran, name war **No.**
 3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Reynolds Finney**
 6. (c) Age of husband or wife if alive **46** years
 7. Birth date of deceased **October 11 1908**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	38	5	12	hr. min.

9. Birthplace **San Sarc S. Dakota**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Above**

12. Name **Harry Kirkbride**

13. Birthplace **Sandwich Ill.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Iris Cook**

15. Birthplace **Coal County Ill.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Reynolds Finney**

(b) Address **Farmington, Mo.**

17. (a) **Burial** (b) Date thereof **3-25-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Malden, Mo.**

18. (a) Signature of funeral director **Day Funeral Home**

(b) Address **Malden, Mo.**

19. (a) **3-28-1947** (b) **C. C. Summers**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23 rd.**
 year **1947** hour **12** minute **45 A. M.**

21. I hereby certify that I attended the deceased from **3-19-1947** to **3-23-1947**
 that I last saw her alive on **3-23-1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocardial failure**
 Due to **1 Long standing chronic myocardial following rheumatic fever**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy **93D**

Duration _____
 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 **0**

23. Signature **Alburtus J. Jackson** (M. D. or other) **Dr. Jackson**
 Address **Jackson, Mo.** Date signed **3/27/47**

RECEIVED

Health Officer No. 4
District File Number 247-450
Date Filed 3-31-47

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

J. G. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.