

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10297

State File No. \_\_\_\_\_

FILED APR 10 1947  
Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
503 East 12th St.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community many years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
(c) City or town Rolla  
(If outside city or town limits, write "RURAL")  
(d) Street No. 503 East 12th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louvisa Catherine Finley

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

4. Sex Female 5. Color or race Wh.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Joe R. Finley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 4, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 10 21 hr. \_\_\_\_\_ min.

9. Birthplace Salem, Dent County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER  
12. Name William Watkins,  
13. Birthplace Va.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Hobson,  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Kate Finley  
(b) Address 503 East 12th St., Rolla Mo

17. (a) Burial (b) Date thereof Mar. 28-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Carty Cemetery

18. (a) Signature of funeral director Null & Sons F. H.  
(b) Address 508 West 8th St.,

19. (a) 4-1-47 (b) Nadine L. Steel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1947 hour 2 minute 30 A. M.  
21. I hereby certify that I attended the deceased from Mar 23  
1947 to Mar 25 19 47  
that I last saw her alive on Mar 25 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (lobar at lower) Duration 3 da.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions semitly  
(Include pregnancy within 3 months of death)

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E. E. Faid (M. D. or other) \_\_\_\_\_  
Address Rolla Mo. Date signed 3-30-47

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

580

MAY 22 1947

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

Paul E. V. Muel, Registered Apprentice No. 428  
working under my personal supervision.

Signed Paul E. V. Muel  
Licensed Embalmer No. 3394  
P. O. Address Keller 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.