

No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19912

State File No.

FILED JUN 5 1947

Registration District No. 357

Primary Registration District No. 4526

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Sheldon

(c) Name of hospital or institution: None  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 43 Years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Sheldon  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LULU KATHERINE FINCH

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27  
year 1947 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from MAY 8  
1947, to MAY 27, 1947  
that I last saw her alive on May 27, 1947  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Finch

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased August 2 1878  
(Month) (Day) (Year)

Immediate cause of death

① Carcinoma of Rt Lung  
(Metastatic from Cx 2)  
Breast

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

② Carcinoma of Rt Breast

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

Other conditions None  
(Include pregnancy within 3 months of death)

Duration

1 yr.

6 yrs.

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>9</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace Stockton Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name John R. Jackson

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

14. Maiden name Josephine Blake

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

16. (a) Informant Fred Finch

(b) Address Sheldon Mo.

17. (a) Burial (b) Date thereof May 30 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Mo

18. (a) Signature of funeral director H. Bernard Beery

(b) Address Sheldon

19. (a) 5-27-47 (b) Mrs. Ruth Smith  
(Date received local registrar) (Registrar's signature)

Major findings: Fluid rt. Chest.

Of operations \_\_\_\_\_

Of autopsy L

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) L

(b) Date of occurrence L

(c) Where did injury occur? L  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? L

While at work? L (Specify type of place) (e) Means of injury 0

23. Signature Morris C. Davis MD (M. D. or other)

Address Box 55, Sheldon, Mo Date signed 5

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

RECEIVED  
District Health Officer No. 7,  
District No. 5-47-66  
District File Number 6-3-47  
Date Filed

**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 *L. Bernard Bailey*  
Licensed Embalmer No. *4161*  
P. O. Address *Sheldon, 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.**