S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23508

Registration District No. 43 Primary Registration District No. 4059 Registrar's No. 259

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Neelyville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Neelyville
(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 Mary Gatewood Finney

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Ben Finney

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased 2 — 14 — 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	4	20	hr. min.

9. Birthplace Viden Miss. /
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business —

FATHER
12. Name Ed Gatewood
13. Birthplace Miss /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Allie Chilton Daughter
(b) Address Ovanter Va.

17. (a) Burial (b) Date thereof 7-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville Mo

18. (a) Signature of funeral director Peoples Funeral H.
(b) Address Poplar Bluff Mo

19. (a) 7/5/47 (b) R H Minette
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1947 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from 1st 1st July, 1947, to July 1st, 1947; that I last saw her alive on July 1st, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Appoplexy

Due to

Due to High Blood Pressure

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83 A.

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or [illegible])

Address Neelyville Mo Date signed July 2 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 747-990
Date Filed 2-14-47

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 John M. Davies, Registered Apprentice No. 487, working under my personal supervision.

Signed Wallace N. Fetch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.