

Registration District No. **290**

Primary Registration District No. **4427**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Waynesville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Dewitt Hospital**
(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. (a) PRINT FULLNAME **ZAIDA FINNUGAN**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John M.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 19 1876**
(Month) (Day) (Year)

8. AGE: Years **70** Months **11** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Pontiac Michigan**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Charles Fulton**
13. Birthplace **Mich.**
(City, town, or county) (State or foreign country)
14. Maiden name **Abbie Moore**
15. Birthplace **Mich.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Don Finnugan**
(b) Address **Waynesville, Mo.**

17. (a) **Burial** (b) Date thereof **8-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Brown Cemetery**

18. (a) Signature of funeral director **Mull and Sons**
(b) Address **Rolla, Missouri**

19. (a) **Aug 22 1947** (b) **Helma C. Buchthorn**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **PULASKI 85**
(c) City or town **WAYNESVILLE**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **2** year **1947** hour **12** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **Aug 1** 19**47** to **Aug 2** 19**47**
that I last saw he alive on **Aug 2** 19**47**
and that death occurred on the date and hour stated above.
Immediate cause of death **Lobar Pneumonia** Duration _____

Due to **Senility**
Due to _____

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

Major findings: Of operations **100** 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 **R. O. Dewitt** (M. D. or other) **Dr.**
Address **Waynesville, Mo.** Date signed **8-3-47**

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

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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. Murrell, Registered Apprentice No. 428 working under my personal supervision.

Signed P. E. Murrell
Licensed Embalmer No. 3397
P. O. Address Rolla 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.