. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42401

Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Moniteau Home
(b) City or town Tipton 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 years, months or days)
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Tipton 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. None
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME Roy JEFFERSON- FINLEY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Gertrude Virginia Finley
6. (c) Age of ~~husband~~ or wife if alive 60 years
7. Birth date of deceased August (Month) 10 (Day) 1886 (Year)

8. AGE: Years 61 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Tipton Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Banker
11. Industry or business Banking
FATHER
12. Name Ben C. Finley 0
13. Birthplace near Tipton Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Letha Kaylor
15. Birthplace State of Virginia Washington Co 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs C W Thomas
(b) Address Tipton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery Tipton
18. (a) Signature of funeral director James E. Richards
(b) Address Tipton Mo
19. (a) 12-15-47 (Date received local registrar) (b) Mrs Maude Hudson (Registrar's signature) 203

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1947 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept 30th, 1947 to Dec. 9, 1947, that I last saw him alive on Dec. 9, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral paralysis	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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 0
23. Signature J. F. Potts (M. D. ~~or other~~)
Address Tipton Mo Date signed 12/11/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-29-47

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 Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.