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 DEC 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42140

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 255

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days (Specify whether
In this community 11 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Nelson 0
(If outside city or town limits, write "RURAL")
(d) Street No. Corner 4th. & Baker St. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Addie M. Finley
3. (b) If veteran, name war #
3. (c) Social Security No. #
4. Sex Female 1
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife R.B. Finley
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 20 1872
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	7	25	hr. min.

9. Birthplace Saline Co. Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business " 88
FATHER
12. Name James H. Lemmons
13. Birthplace Saline Co. Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Stewart
15. Birthplace Excelsior Springs, Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant R. B. Finley
(b) Address Nelson, Mo.
17. (a) Burial (b) Date thereof 12/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nelson Cemetery
18. (a) Signature of funeral director J. Leslie Sussney
(b) Address Marshall, Mo.
19. (a) Dec. 16-1948 (b) Sidney T. Gray
(Date received local registrar) (Registrar's signature) 3025

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-15-48 day 15th
year 1948 hour 9 minute 30A M.
21. I hereby certify that I attended the deceased from 12-1~~48~~, 1948, to 12-15, 1948
that I last saw her alive on 12-15, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	3 Days
Due to Chr. Nephritis Parenchymatous	2 Mo
Due to	
Other conditions Chr Anemia (Include pregnancy within 3 months of death)	yrs

Major findings:
Of operations
Of autopsy 13 B

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 0
23. Signature Robt W Kennedy (M. D. or other)
Address Marshall Mo. Date signed 12-16-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-30-48

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 J. Leslie Surrey

Licensed Embalmer No. 323

P. O. Address Marshall, 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.