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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42322

Registration District No. 273

Primary Registration District No. 4544

Registrar's No. 65

1. PLACE OF DEATH:

(a) County WEBSTER

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

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

(d) Length of stay: In hospital or institution 4 DAYS. (Specify whether
In this community 4 DAYS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LACLEDE 53

(c) City or town LEBANON, RURAL.
(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 THOMAS L. FINCHER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife NANCY WILLIAMS FINCHER

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

7. Birth date of deceased MAY (Month) 5 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	7	9	— hr. — min.

9. Birthplace COMPETITION (City, town, or county) MO. (State or foreign country)

10. Usual occupation FARMING.

11. Industry or business

FATHER
12. Name ZACARIAH FINCHER
13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DORRIS
15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

16. (a) Informant AMOS L. FINCHER

(b) Address PHILLIPSBURG, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation McBride

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon, Mo.

19. (a) 12/16/48 (Date received local registrar) (b) J F Francis (Registrar's signature) 292

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month DEC. day 14
year 1948 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from DEC. 10, 1948 to DEC. 14, 1948; that I last saw him alive on DEC. 14, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 1) MYOCARDIAL INSUFFICIENCY, CHRONIC, ABDOMINAL ASCITES.	?
Due to 2) GLOMERULONEPHRITIS, CHRONIC, SEVERE.	?
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE.
Of autopsy NONE.

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 S E Schlicht, M.D. (M.D. or other)

Address NIANGUA, MO. Date signed 12/14/48

(Licensed Embalmer's Statement on Reverse Side)

Recd [illegible]
District Health Officer No. [illegible]
District File Number 1248-1393
Date Filed 12-27-48

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.