

FILED MAR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9447

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>72</u>					
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tipton</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>No street numbers</u>							
3. NAME OF DECEASED (Type or Print) <u>IDA Wilhelmina</u>			a. (First)		b. (Middle)		c. (Last) <u>FINN</u>				
4. DATE OF DEATH <u>2-24-1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>April, 23, 1888</u>			
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>		11. BIRTHPLACE (State or foreign country) <u>Tipton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>		13. FATHER'S NAME <u>Frank Finn</u>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Mary Reub</u>		14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-05-8834</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Swantz</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Swantz</u>		17. INFORMANT'S SIGNATURE OR NAME <u>St Louis, Mo</u>		17. INFORMANT'S SIGNATURE OR NAME <u>St Louis, Mo</u>		17. INFORMANT'S SIGNATURE OR NAME <u>St Louis, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Collapse</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sarcosis of Femur</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 27, 1949</u> to <u>Feb 24, 1949</u> , that I last saw the deceased alive on <u>Feb 24, 1949</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>D. C. F. Schubert</u>				23b. ADDRESS <u>Tipton, Mo</u>				23c. DATE SIGNED <u>2-24-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/28/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tipton, Mo</u>					
DATE REC'D BY LOCAL REG. <u>2/28/49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FURNERAL DIRECTOR'S SIGNATURE <u>James E. Richards</u>		ADDRESS <u>Tipton, Mo</u>					

(Licensed Embalmer) Statement on Reverse Side

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

No. 300

10.48

80
6
4

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-15-49

JUN 1 1949
JUN 1 1949

APR 14 1949

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 _____
Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed Jewell E. Richardson
Licensed Embalmer No. 2466
P. O. Address Lepton Me

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.