

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29616

26
20

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 40

| | | | |
|---|------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY CHARITON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHARITON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUNSWICK | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUNSWICK 21 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) WEST BROADWAY | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CHARLES | | b. (Middle) A. | |
| | | c. (Last) FINCH | |
| 4. DATE OF DEATH (Month) (Day) (Year) 9-3-1949 | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | 8. DATE OF BIRTH 5-17-1895 |
| 9. AGE (In years last birthday) 54 | | 10. UNDER 1 YEAR Months | 10. UNDER 1 YEAR Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER SHOE | | 10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY | 11. BIRTHPLACE (State or foreign country) BRUNSWICK MO |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME CHAS. E. FINCH | | 13b. MOTHER'S MAIDEN NAME ALMENA ANDERSON | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 350-10-6499 | |
| 17. INFORMANT'S SIGNATURE OR NAME MRS. JAMES DARVIN | | ADDRESS Brunswick | |
| 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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dilated Myocardium DUE TO (c) Chronic Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. L | |
| INTERVAL BETWEEN ONSET AND DEATH Terminal 5 yrs 5 yrs 592X | | | |
| 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) L | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) L | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) L | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) L | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR L | | | |
| 22. I hereby certify that I attended the deceased from July 4, 1949, to Sept 3, 1949, that I last saw the deceased alive on Sept 3, 1949, and that death occurred at 1:20 AM, from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) J. P. Louder | | 23b. ADDRESS Brunswick Mo | |
| 23c. DATE SIGNED 9-3-49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-5-1949 | |
| 24c. NAME OF CEMETERY OR CREMATORY Charleston | | 24d. LOCATION (City, town, or county) (State) CHARLSTON ILLINOIS | |
| DATE REC'D BY LOCAL REG. 9-3-49 | | REGISTRAR'S SIGNATURE M. J. Boon | |
| 25. FUNERAL DIRECTOR'S SIGNATURE L. Maesiel | | ADDRESS Brunswick Mo | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 28

District Health Officer No. 8

District File Number

Date Filed 9-28-49

SEP 30 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.....

L. M. Maier

Licensed Embalmer No. 823

P. O. Address Brunswick N

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.