

FILED FEB 18 1952

REGULAR CERTIFICATE OF DEATH

State File No. 4613

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1210 Mount Vernon	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1210 Mount Vernon			

3. NAME OF DECEASED (Type or Print)	a. (First) Rosa	b. (Middle) Jane	c. (Last) Finn	4. DATE OF DEATH (Month) (Day) (Year) Febr. 12 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 24 Sept. 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY In home	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jack Knox	13b. MOTHER'S MAIDEN NAME Emily Scott	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sherman Finn RFD#6 Springfield, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-6-1947** to **2-12-1952**, that I last saw the deceased alive on **2-11-1952**, and that death occurred at **4:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John W. Klingner, Jr. M.D. (Degree or title)	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 2-12-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/14/52	24c. NAME OF CEMETERY OR CREMATORY Mundell Cemetery	24d. LOCATION (City, town, or county) (State) Mundell Arkansas
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DATE REC'D BY LOCAL REG. 2-13-52	REGISTRAR'S SIGNATURE James A. Amos, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co. Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Finn's P.L.S. James W. Klingner, Jr. M.D.

2012 MC

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 William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Springfield

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.