

1938 OCT 6 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32062
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 237
 (b) Township Center Primary Registration District No. 444 Registered No. _____
 (c) City Greenfield, Mo Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Fred J. Finley St. 540
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30-1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 7-23-1938, to 7-30-1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1889

I last saw him alive on 7-29-1938. Death is said to have occurred on the date stated above, at 12 noon m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 2

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Concussion of Brain
fall from tree
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade County Mo

Other contributory causes of importance:

13. NAME Albert W. Finley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade County Mo

Name of operation _____ Date of _____

15. MAIDEN NAME Theresa Daugherty

What test confirmed diagnosis? _____ Was there an autopsy? _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade County Mo

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accid. Date of injury 7-23-1938

17. INFORMANT (ADDRESS) W.P. Finley
South Greenfield Mo

Where did injury occur? Greenfield, Mo
(Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield, Mo DATE 7-31-1938

Specify whether injury occurred in industry, in home, or in public place. Public

19. FUNERAL DIRECTOR (ADDRESS) F. Cox - Harrison
Greenfield, Mo

Manner of injury Fall from tree

20. FILED 9-8-1938 W. R. Weis Local Registrar.

Nature of injury CONCUSSION OF BRAIN

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify (Signed) H. O. Carraway, M. D.

(Address) Greenfield Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

29
3
C

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 10-18-38

STATEMENT BY LICENSED EMBALMER

I, F. L. Dinwiddie, Licensed Embalmer No. 3786
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed F. L. Dinwiddie
Licensed Embalmer No. 3786

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)