

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 498

Primary Registration District No. 4301

Registrar's No. 2

1. PLACE OF DEATH

(a) County Linn
(b) City or town Bucklin
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 23 yrs. (Specify whether years, months or days) 23 yrs.

8. (a) PRINT FULL NAME GEORGE HENRY FINNEY

8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 8 1916
(Month) (Day) (Year)

8. AGE: Years 23 Months 3 Days 2 If less than one day ✓ hr. ✓ min.

9. Birthplace St. Catharines Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Crocery & Hardware

12. Name George B. Finney

18. Birthplace New Boston Mo
(City, town, or county) (State or foreign country)

14. Maiden name Dora M. Paper

15. Birthplace New Boston, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant G. S. Finney

17. (a) Burial (b) Bucklin Mo
(Burial, cremation, or removal) (Date, month, day, year)

(c) Place: burial or cremation Pleasant View Cem

18. (a) Signature of funeral director Paragon Funeral Service

(b) Address Bucklin Mo

19. (a) Jan 11-1940 (b) J. L. Cantwell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Bucklin
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10, year 1940 hour 10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 5/7, 1940, to 11/10, 1940;

that I last saw him alive on 11/10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis

Due to Carcinoma of Lung

Due to Hepatic Carcinoma

Other conditions (Include pregnancy within 3 months of death) 4/6

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. B. Swan (M.D. or other) W. B. Swan

Address Bucklin Mo Date signed 11/10/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 11;

District File Number

240-196

Date Filed

FEB 16 1940

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

C. Larson

Licensed Embalmer No.

4037

P. O. Address

Bucklin 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, above space should be left blank.