No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 17 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18613

Registration District No. 396 Primary Registration District No. 4233 Registrar's No.

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town BUCKNER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 34 yrs 5 mos years, months or days)

2. USUAL RESIDENCE OF DEECEASED:
(a) State Mo (b) County Jackson
(c) City or town Buckner
(If outside city or town limits, write "RURAL")
(d) Street No. North Sibley Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. Born in Washington Mo years.

3. (a) PRINT FULL NAME William Finke 520
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband~~ or wife Mary e. Drewel Finke
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Febr 16 1876 (Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming his own farm
11. Industry or business Farming
FATHER 12. Name Henry Finke
13. Birthplace Germany 6 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ~~Mary Schneider (Finke)~~
15. Birthplace Ocean enroute fr Germany 6 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary Finke
(b) Address Buckner Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21/40 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Woodlawn Ind. Mo.
18. (a) Signature of funeral director J. M. Reppert
(b) Address Buckner Missouri
19. (a) 5-20-1940 (Date received local registrar) (b) John W. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1940 hour 12 minute 55 P M.
21. I hereby certify that I attended the deceased from 1934 to May 19 1940 that I last saw him alive on May 19 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular-Renal Disease
Due to Hypertension-Cardiac decompensation
Due to Chronic Interstitial Nephritis
Due to
Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations no operation
Of autopsy no 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. H. Allen (M. D. or other) M.D.
Address Independence, Mo Date signed 5-19-40

(Licensed Embalmer's Statement on Reverse Side)

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~~ ~~m~~ ~~m~~ ~~Registered Apprentice~~ No. ~~m~~ ~~m~~ ~~working under my personal supervision.~~

Signed V. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner 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.