

NOV 20 1940

STANDARD CERTIFICATE OF DEATH

State File No.

35875

Registration District No. 3-81

Primary Registration District No. 5783

Registrar's No. 25

1. PLACE OF DEATH:

(a) County, Monroe  
(b) City or town, Rural Indian Creek Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Monroe City; Route I  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
(Specify whether years, months or days)  
In this community 75 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Monroe City; Route I  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Benjamin Franklin Finnigan

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Matilda M. 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased November I 1855  
(Month) (Day) (Year)

8. AGE: Years 84 Months II Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Quincy Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired 10 Years)

11. Industry or business \_\_\_\_\_

12. Name Barney Finnigan

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Connolly

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Eugene Hollar

(b) Address Monroe City, Mo. Route #1

17. (a) Burial (b) Date thereof Oct. 30/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Stephens Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Monroe City, Mo.

19. (a) Oct 29, 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28  
year 1940 hour II minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct. 9, 1940, to Oct. 28, 1940;  
that I last saw h. l.m. alive on Oct. 27, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Degeneration 2 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)

Diabetes Mellitis

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? \_\_\_\_\_

513 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury 3

23. Signature Harold F. Ellis (M. D. or other) D.O.

Address Monroe City Date signed 10-29-40

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

9

RECEIVED

District Health Officer No. 10

District File Number 11-40-2042

Date Filed NOV 8 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

*Leslie L. Nelson*

Licensed Embalmer No. 3014

P. O. Address

*Monroe City, 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, fact should be so stated above.