

Registration District No. **1408**

Primary Registration District No. **3020**

Registrar's No. **225**

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

**1. PLACE OF DEATH:**  
 (a) County Jasper  
 (b) City or town Carthage  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: McCune Brooks Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 1/2 hrs.  
 In this community 2 1/2 hrs. (Specify whether years, months or days) i

**3. (a) PRINT FULL NAME** Gilbert Finke  
 (b) If veteran, name war None (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 None 6. (c) Age of husband or wife if alive h--- years  
 7. Birth date of deceased: December 8th, 1940  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>2 hr. 50 min.</u>

9. Birthplace: Carthage Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

**MOTHER FATHER**  
 { 12. Name Randall Finkbe  
 { 13. Birthplace Jasper Co. Mo.  
 { 14. Maiden name Doris Larman  
 { 15. Birthplace Jasper Co. Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Randall Finkbe  
 (b) Address Jasper, Mo.

17. (a) Burial (b) Date thereof Dec. 9 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Paradise Cem.

18. (a) Signature of funeral director Chas. J. Tester  
 (b) Address Jasper Mo.

19. (a) Dec. 9, 1940 (b) E. M. Intine, M.D.  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jasper  
 (c) City or town Jasper  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. None  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 12 day 8  
 year 1940 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from 11:47 AM  
12/8/40, 1940, to 1:50 PM 12/8, 1940  
 that I last saw him alive on 12/8/40, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death premature birth  
(only 6 months development)  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 5A  
 (Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) none  
 (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? \_\_\_\_\_

865  
 While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature George H. Wood (M. D. or other)  
 Address Carthage Mo Date signed 12/9/40

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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 \_\_\_\_\_

Phas J Teeter \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Phas J Teeter \_\_\_\_\_

Licensed Embalmer No. 2566 \_\_\_\_\_

P. O. Address Gasper 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.