

Registration District No. 51 Primary Registration District No. 4030

9979

1. PLACE OF DEATH:

(a) County BATES

(b) City or town HUME  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community LIFE TIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BATES

(c) City or town HUME  
(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.? 0 years.

3. (a) PRINT FULL NAME ISSAC RICHARD FINCH.

3. (b) If veteran, name war NO 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife WIFE IDA MAY 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased. MAY 14 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>10</u>	<u>8</u>	hr. min.

9. Birthplace VERNON COUNTY (City, town, or county) (State or foreign country)

10. Usual occupation MECHANIC

11. Industry or business GARAGE

12. Name ALBERT. AILAS. FINCH.

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

14. Maiden name UNKNOWN

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

16. (a) Informant EDNA OPAL ROHE

(b) Address 1214 FRANKLIN ST. COMOSEX

17. (a) BURIAL (b) Date thereof 3-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HUME CEMETARY

18. (a) Signature of funeral director BOOTH

(b) Address RICH HILL, MO.

19. (a) Mar. 31 1944 (b) Fern H. Martin  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/2/41 day \_\_\_\_\_ year \_\_\_\_\_ hour \_\_\_\_\_ minute 6:00 M.

21. I hereby certify that I attended the deceased from Wed. 1-19-41 to Wed. 2-19-41 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis Duration 1 mo

Due to arteriosclerosis 4 yrs

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? 5 U.

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Specify means of injury)

23. Signature Wm. H. Allan (M. D. or other) \_\_\_\_\_  
Address Hume Date signed \_\_\_\_\_

Duration  
1 mo  
4 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 4-41-610

Date Filed 4-7-41

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

*John I. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler Pa

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.