

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
 BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

14132

Registration District No. 120 Primary Registration District No. 3109 State File No. Registrar's No. 151

1. PLACE OF DEATH: Cape
 (a) County Cape Girardeau Mo.
 (b) City or town Cape Girardeau Mo.
 (c) Name of hospital or institution: St. Francis
 (d) Length of stay: In hospital or institution 9 Days
 In this community 39 Days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town East Prairie, Mo.
 (d) Street No. 1
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME ADA BELLE FINLEY
 (b) If veteran, name war no
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4 day 15
 year 41 hour 8 minute 10 A. M.

4. Sex Fem 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Mr. Calven Finley
 (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased April 6, 1902

21. I hereby certify that I attended the deceased from 4/6 1941 to 4/15 1941; that I last saw her alive on 4/14 1941; and that death occurred on the date and hour stated above.
 Immediate cause of death

8. AGE: Years 39 Months 9 Days 9 hr. min.

Pneumonitis (Ac. General)

9. Birthplace Mississippi Mo.

Due to Asystole
 Due to (CPR - 1 for)

10. Usual occupation Keeping house

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Jesse Davis
 13. Birthplace Fate Co. Illinois
 14. Maiden name Fanny Argent
 15. Birthplace Fate Co. Illinois

Major findings: Of operations
Of autopsy

16. (a) Informant Jesse Davis
 (b) Address East Prairie Mo.

PHYSICIAN
 Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 14-16-41
 (c) Place: burial or cremation Oak Grove

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Frank Shelby
 (b) Address East Prairie Mo.
 19. (a) 4-15-41 (b) J.M. Hampes
 (Date received local registrar) (Registrar's signature)

23. Signature Cal. D. Smith (M. D. or other)
 Address Cape Girardeau Date signed 4/15/41

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

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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.....
.....
working under my personal supervision.

Registered Apprentice No.
Signed *Tavis Shelby* 27
Licensed Embalmer No.
P. O. Address *East Prairie, La.*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14132

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town _____
(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 _____
years, months or days

3. (a) PRINT FULL NAME Ada Belle Finley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 39 Months _____ Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration _____
(Be General)

Hysterectomy

Due to FIBROID UTERUS

Other conditions _____
(Include pregnancy within 3 months of death)

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)
(a) Means of injury _____

23. Signature W. B. Smith (M. D. or other) _____

Address Cape Girardeau, Mo Date signed 6/24/41

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

SUPPLEMENTARY

S-14132