

FILED OCT 20 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34992

Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 327
(b) Township Commerce Primary Registration District No. 111
(c) City or (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 8 mos. 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Heri Taylor Finney

(a) Residence, No. Commerce (Rural) Scott County, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Rosie Ann Finney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 29, 1870</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u> </u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Raymond Finney Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 11, 1942</u>	
	11. Total time (years) spent in this occupation <u>50 yrs.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion, Illinois</u>		
FATHER	13. NAME <u>Timothy Finney</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Sinia Rogers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Tennessee</u>	
17. INFORMANT <u>Raymond Finney</u> (ADDRESS) <u>Commerce, Mo. Rt#1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Commerce, Mo.</u> DATE <u>Sept. 19, 1942</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Richard's Funeral Home, New Madrid, Mo.</u>		
20. FILED <u>10-15</u> , 19 <u>42</u> <u>Miss Ida Jackson</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1942

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1942 to Sept. 18, 1942
I last saw him alive on Sept. 18, 1942 Death is said to have occurred on the date stated above, at 4:15 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hypertension
Arteriosclerosis
Other contributory causes of importance: 830

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. P. Bregan M. D.
(Address) Benton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

10.34

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Office No. 2

District File Number 1842-13

Date Filed 10-29-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.