S. No. 2
M—5-42
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14544

FILED APR 29 1943

Registration District No. 156 | Primary Registration District No. 2001 | Registrar's No. 212

49 2 5

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3540 Ruby Way (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Jasper~~ Newton 23
(c) City or town Joplin (If outside city or town limits, write "RURAL") 5
(d) Street No. 3540 Ruby Way (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lee Roy Finley
3. (b) If veteran, name war
3. (c) Social Security No. 560-01-3080
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Zella Finley
6. (b) Age of husband or wife if alive 51 years
7. Birth date of deceased Feb. 5 1894. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	2	5	hr. min.

9. Birthplace Laclede Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Manager Lumber Co
11. Industry or business Finley Bro Lumber Co.
FATHER 12. Name J.R.Finley
FATHER 13. Birthplace Camden Co. (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Nancy Fuller
MOTHER 15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Zella Finley
(b) Address 3540 Ruby Way Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memoral
18. (a) Signature of funeral director Parker-Hungaker
(b) Address 1502 Joplin St. Joplin Mo.
19. (a) 4-10-43 (Date received local registrar) (b) Gertrude Sudhoeter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1943 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from February 15th 1943 to April 9 1943 that I last saw him alive on April 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Pulmonary Tuberculosis — Duration not known
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 13 f.
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. L. Laney (M. D. ~~coroner~~)
Address Joplin, Mo. Date signed 4/10/43

1204

(Licensed Embalmer's Statement on Reverse Side)

Date Received APR 26 1943
File No: 443-66

APR 28 1943

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 Steve Parker

Licensed Embalmer No. 25-48

P. O. Address Joplin 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.