

No. 2
5-42
17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3299

State File No.

FILED JAN 19 1944
Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
East 4th Street, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town 2nd & Main Streets
(If outside city or town limits, write "RURAL")

(d) Street No. Holden, Missouri
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Mr. JOHN J. FINCH

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife XXXX

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased May 11, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 6
If less than one day hr. min.

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

10. Usual occupation Farmer & Carpenter

11. Industry or business retired

12. Name Richard Finch

13. Birthplace Brooklyn New York
(City, town, or county) (State or foreign country)

14. Maiden name Moss

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

16. (a) Informant Mrs. Lawrence Marx

(b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof 12/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) 12-20-43 (b) Kathryn S. Conroy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1943 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from May 4, 1942 to Dec 17, 1943
that I last saw him alive on Dec 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Cardiovascular disease

Other conditions Bronchial Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d
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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Kelly Rawlins (M. D. or other)
Address Holden, Mo Date signed 12/20/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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(Licensed Embalmer's Statement on Reverse Side)

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..... *M. L. Canaday*.....
Licensed Embalmer No. *343/4*.....
P. O. Address..... *Holden 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.