S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1945

Registration District No. 756

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13654

Primary Registration District No. 2001

Registrar's No. 174

19
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: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 44

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. St. John's Hospital 5
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jane Alan Finch

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April 14, 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	2	hr. min.

9. Birthplace Joplin (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation infant

11. Industry or business

FATHER
12. Name Harry Finch
13. Birthplace Long Prairie (City, town, or county) Minnesota 1 (State or foreign country)

MOTHER
14. Maiden name Betty Parks
15. Birthplace Iola (City, town, or county) Wisconsin 1 (State or foreign country)

16. (a) Informant Harry Finch
(b) Address 1029 Joplin, Joplin, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/18/45 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 4-18-45 (Date received local registrar) (b) Gertrude Snedhorlee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1945 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from 4-14-45, 19, to 4-16-45, 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
premature - 6½ mo	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

159

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 V. E. Kenney (M. D. or other)

Address 311 Miners Bank Date signed

1004

(Licensed Embalmer's Statement on Reverse Side)

45-4-329

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 F. M. Jones

Licensed Embalmer No. 2319

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.