

STANDARD CERTIFICATE OF DEATH

State File No. 13578

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution St. Johns Hospital  
(d) Length of stay: In hospital or institution 5 days  
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 1401 Sergeant Ave.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ruth Finley

(b) If veteran, name war \* \* \* (c) Social Security No. \* \* \*

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

6. (b) Name of husband or wife G. F. Finley 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 28, 1872

8. AGE: Years 74 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Lebanon Missouri

10. Usual occupation Home duties

11. Industry or business

12. Name John Austin Mizer

13. Birthplace Joplin Missouri

14. Maiden name Rebecca E. Bussard

15. Birthplace Joplin Missouri

16. (a) Informant Mrs. D. L. Vidun (b) Address 1897 Byers Ave., Joplin, Mo.

17. (a) Burial: (b) Date thereof March 16-46 (c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Joplin, Missouri (b) Address

19. (a) 3-18-46 (b) B. L. Pearson, D.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1946 hour 12 minute 45 PM

21. I hereby certify that I attended the deceased from Feb 9 1946 to March 14 1946 that I last saw alive on March 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Due to no specific cause  
Due to

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

Major findings: Of operations: 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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: While at work: (Specify type of place) (e) Means of injury

Duration 6 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

46-3-248

OCT 11 1946

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 *Paul K. Furber*

Licensed Embalmer No. *95-9*

P. O. Address *John Hill*

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.