

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED 21 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. 101

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rayville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. No. not listed
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Melvin F. Finch

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Finch 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased October 23, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 11 9 hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Finch
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Carolyn (Unknown)
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Finch
(b) Address Rayville, Missouri
17. (a) Burial (b) Date thereof 10-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunnyslope - Richmond

18. (a) Signature of funeral director Quest-Lile F.H.
(b) Address Richmond, Missouri

19. (a) Oct 11 - 46 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Rayville
(If outside city or town limits, write "RURAL")
(d) Street No. St. No. not listed
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2
year 1946 hour 8:35 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Sept 29, 1946 to Oct 2, 1946
that I last saw him alive on Oct 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 4 days
Due to _____
Due to Hypertension 5 years

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

Major findings: 83A PHYSICIAN _____
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
23. Signature Dr. E. J. Renard (M. D. or other) 10-8-46
Address Richmond, Mo. Date signed Oct 8, 46

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

30241

RECEIVED
District Health Officer
District File Number
Date Filed 10-19-46

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 *George Phil*
Licensed Embalmer No. 4066
P. O. Address *Richmond, Va*

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.