DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 638

Registration District No. 93 Primary Registration District No. 4154 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Dade

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

(c) Name of hospital or institution: Wells Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 29

(a) State Missouri (b) County Dade

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

(d) Street No. Wells St.
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Mary Frances Finley

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased August 24 ~~12~~ 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days ~~26~~ 14 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name Albert N. Finley

13. Birthplace Dade County (City, town, or county) Missouri (State or foreign country)

14. Maiden name Thurza Daughtrey

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

16. (a) Informant Will P. Finley

(b) Address South Greenfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-~~46~~47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cemetery

18. (a) Signature of funeral director Sam E. Sensenay Jr.

(b) Address Greenfield, Mo.

19. (a) 1-11-1947 (Date received local registrar) (b) Geo L. Weir (Registrar's signature)

MOTHER FATHER

Con. by off 3-2-47 Kidette

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1947 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from 1-1, 1947, to 1-7, 1947; that I last saw her alive on 1-6-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Arthritis deformans

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

59B

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 F. O. Cowan (M. D. or other)

Address Greenfield Date signed 1-11-47

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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 Sam E. Sensenney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri } ss.
County of Dade

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 22nd day of March, 1947, before me appears Will P. Finley, who, upon his oath, states that the original record of ~~XXX~~ death for Mary Frances Finley ~~XXXX~~ died ~~XXXXX~~ January 7, 1947, in the State of Missouri, and which was filed at Greenfield, Mo. on January, 1947, should be corrected as follows:

Item No. 7 should read August 24, 1882

Instead of August 12, 1882

Item No. 8 should read 64years, 4 months, 14 days

Instead of 64 years, 4 months 26 days.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W. P. Finley Brother
Relationship.

South Greenfield, Mo.
Present Address.

Subscribed and sworn to before me this 24 day of March, 1947.

My Commission expires May-16-1948 Shannon Collier Notary Public.

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