S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 782

Registrar's No. 106

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: 1227 North Clay Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): App: 50 years

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

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

(d) Street No.: 1227 North Clay
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: BENJAMIN FRANKLIN FINKEL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife: Mary Frances

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

7. Birth date of deceased: July 5, 1865 (Month) (Day) (Year)

8. AGE: Years: 81 Months: 7 Days: 0 If less than one day: hr. min.

9. Birthplace: Fairfield County, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation: Proffessor in Mathamatics

11. Industry or business: Drury College

FATHER
12. Name: John Phillip Finkel
13. Birthplace: ? (City, town, or county) ? (State or foreign country)

MOTHER
14. Maiden name: Louise Stickle
15. Birthplace: ? (City, town, or county) ? (State or foreign country)

16. (a) Informant: Mary Frances Finkel
(b) Address: 1227 North Clay

17. (a) Burial & removal (Burial, cremation, or removal) (b) Date thereof: 2-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Circelville, Ohio

18. (a) Signature of funeral director: ALMA LOHMEYER FUNERAL HOME
(b) Address: 534 St. Louis St. Springfield, Mo

19. (a) 2-7-47 (Date received local registrar) (b) W. E. Hamby MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5 year 1947 hour 1: minute 30 P. M.

21. I hereby certify that I attended the deceased from 1/1 1930 to 2/5 1947 that I last saw him alive on 1/18 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis & cerebral embolism	2 yrs
Due to arterio sclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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: F. H. Doubler (M. D. or other) MD
Address: Date signed 2/7/47

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1947

MAR 12 1947

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 Julian R. Goodman, Registered Apprentice No. 473, working under my personal supervision.

Signed L. A. Roof

Licensed Embalmer No. 3044

P. O. Address Springfield 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.