

FEDERAL BUREAU OF INVESTIGATION
 STANDARD CERTIFICATE OF DEATH
State File No. **37579**
 FILED DEC-14 1948
 Registration District No. **274**
Primary Registration District No. **3052**Registrar's No. **360**

1. PLACE OF DEATH:

- (a) County **Pettis**
- (b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: **208 West 2nd** **37**
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution.....
(Specify whether

 In this community..... **Life**
 years, months or days
3. (a) PRINT FULL NAME **Elmer Fingland**
 3. (b) If veteran, name war..... **No**

3. (c) Social Security No.

 4. Sex **M** **O** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**6. (b) Name of husband or wife **Gertrude**

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

 7. Birth date of deceased **July 23 1895**
 (Month) (Day) (Year)

 8. AGE: Years **53** Months **4** Days **12**
 If less than one day.....hr.....min.

 9. Birthplace **Sedalia Missouri**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Proprietor**11. Industry or business **Fingland Glass Works**12. Name **Joseph Fingland**
 13. Birthplace **Unknown Germany** **4**
 (City, town, or county) (State or foreign country)

 14. Maiden name **Anna Ahlf**

 15. Birthplace **Unknown Missouri** **3**
 (City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. Gertrude Fingland**(b) Address **1217 S. Barrett, Sedalia, Mo.**
 17. (a) **Burial** (b) Date thereof **12-7-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**18. (a) Signature of funeral director **Sw. Heckart**(b) Address **Sedalia, Missouri**
 19. (a) **12-7-48** (b) **Betty Yeager**
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Emballer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Pettis**
- (c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
- (d) Street No. **1217 S. Barrett**
(If rural, give location)
- (e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month **December** day **5**
 year **1948** hour **6** minute **45 P** M.

 21. I hereby certify that I attended the deceased from **December 5 1948** to **December 5 1948**
 that I last saw him alive on **December 5 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral haemorrhageDue to **Hypertension**
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

 Underline
 the cause of
 which death
 should be
 charged sta-
 tistically.

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)

 23. Signatur **Chas. Gordon Heupfeler** (Dr. D. certifying)
 Address **Sedalia, Missouri** Date signed **Dec 6-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

12-13-44

JAN 7 1945

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

K.P.M. Leary

Licensed Embalmer No.

3153

P. O. Address

Redalia, 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.