

FILED AUG 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 22785
Registrar's No. 58

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5781

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Apple Creek		c. CITY (If outside corporate limits, write RURAL and give township) Rural Brazeau	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died in Ambulance on way to S.E.M.O. Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Esther	b. (Middle) Clara	c. (Last) Finger	4. DATE OF DEATH (Month) (Day) (Year) July 27 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 28 1908	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or give if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Barton Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John R. Meyer	13b. MOTHER'S MAIDEN NAME Roselle Jauch	14. NAME OF HUSBAND OR WIFE Theo. Finger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Theo. Finger	ADDRESS Seventy Six Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hemorrhage abdominal		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured Ectopic Pregnancy Right Tube		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		L450	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cape Girardeau	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Same Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Hall, M.D.	23b. ADDRESS Cape Girardeau, Mo	23c. DATE SIGNED 7-27-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 31 1949	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	24d. LOCATION (City, town, or county) (State) Perryville Mo.
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DATE REC'D BY LOCAL REG. July 31-49	REGISTRAR'S SIGNATURE A. S. Seiber	25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

116
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SEP 13 1949

OCT 1 1949

RECEIVED 8-3-49

Health Officer No. 4

File Number 849-1042

Date Filed

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.

Student Student Embalmer

Signed Edward [Signature] Licensed Embalmer No. 2138 P. O. Address [Signature]

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.