

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26465

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 195

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
c. LENGTH OF STAY (If this place) <u>31 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Parkview</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parkview</u>			
3. NAME OF DECEASED a. (First) <u>William E.</u> b. (Middle) <u>Finis</u> c. (Last) <u>Finn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 12, 1893</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Business</u>	
11. BIRTHPLACE (State or foreign country) <u>Osage County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Finn</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. [unclear]</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Finn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Finn</u>		ADDRESS <u>Jefferson City, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm - Rt. Brachial artery Rupture</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>hypertension</u> DUE TO (c) <u>Capillary Fragility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <u>5/13</u> , 19 <u>49</u> , to <u>Aug 12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 12</u> , 19 <u>49</u> and that death occurred at <u>1:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Kanagawa</u>		23b. ADDRESS <u>1 Sallmeyer Bldg</u>	
23c. DATE SIGNED <u>8/13/49</u>			
24a. BURIAL, CREMATION OR MOVAL (Specify)		24b. DATE <u>Aug 14/1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Trinity</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 13 1949</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Swine</u>		ADDRESS <u>700 Jefferson</u>	

Handwritten signature

District File Number _____
District Health Officer No. 91
AUG 22 1949
RECEIVED

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. W. Anderson*

Licensed Embalmer No. *3041*

P. O. Address *June*

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.