

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11391

State File No. ....

Registration District No. 571

Primary Registration District No. 4 335

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town California  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 (Specify whether

In this community 40 years, months or days)

3. (a) PRINT FULL NAME

Sarah Margaret Finck

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife William

(c) Age of husband or wife if

alive 1 years

7. Birth date of deceased Mar 1 1874  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

68

13

hr. min.

9. Birthplace

Cale  
(City, town, or county)

mo  
(State or foreign country)

10. Usual occupation

House wife

11. Industry or business

12. Name

William Anderson

13. Birthplace

Irland  
(City, town, or county)

mo  
(State or foreign country)

14. Maiden name

Margaret Fletcher

15. Birthplace

Cale  
(City, town, or county)

mo  
(State or foreign country)

16. (a) Informant

Maxine Stanley

(b) Address

California

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

3/15/42  
(Month) (Day) (Year)

(c) Place: burial or cremation

Masonic Cem

18. (a) Signature of funeral director

William Anderson

(b) Address

California

19. (a)

344-42  
(Date received local registrar)

Mrs. James Roth  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town California Mo. 068  
(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1942 hour about minute 10 A.M.

21. I hereby certify that I attended the deceased from death when first seen to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration

Due to generalized arteriosclerosis

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature Kenneth Latham (M. D. or other)

Address California Date signed 3/14/42

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

**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.....

*Hugh L. E. Williams*

Licensed Embalmer No.....

*3537*

P. O. Address.....

*California 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.**