

1. Last Name of Deceased <b>Fincher</b>		1b. First Name <b>William</b>		1c. Second Name <b>Allen</b>		2a. Month Day Year <b>DATE OF DEATH: May 7, 1946</b>		2b. Hour <b>5:23pm</b>	
3. Sex - Male or Female? <b>Male</b>		4. Color or Race <b>White</b>		5. Single, Married, Widowed or Divorced <b>married</b>		6a. Name of Husband or Wife <b>Clois Blaton</b>		6b. Age	
7. Date of Birth of Deceased <b>May 26, 1894</b>		8. Age of Deceased Years <b>51</b> Months <b>11</b> Days <b>11</b>		9a. Birthplace (City or town) <b>near Atlanta</b>		9b. (State or Foreign Country) <b>Georgia</b>			
10. Usual Occupation <b>Gen. salesman</b>		11. Industry or Business <b>Standard Oil Co.</b>		12. Social Security Number		13. If veteran name war <b>World War I</b>			
14. City or Town (If outside city or town limits write RURAL) <b>Shreveport</b>				15. Parish and Ward No. <b>Caddo 4</b>		18. Length of Stay in this Community (Yrs. months or days) <b>21 years</b>			
17. Name of Hospital or Institution (If not in hospital or institution give street no. or location) <b>Schumpert San.</b>						18. Length of Stay in Hospital or Institution (Yrs. months or days) <b>5 hours</b>			
19. City or Town (If outside city or town limits write RURAL) <b>Shreveport</b>				20. Parish and Ward No. <b>Caddo 4</b>		21. State <b>La.</b>			
22. Street Address (If rural give location) <b>334 Ockley Drive</b>						23. Is deceased a citizen of a foreign country? (If yes, name country)			
24. Name of Father <b>Joseph Fincher</b>		25. Birthplace of Father <b>unknown</b>		26. Name of Mother <b>Jane C. Fincher</b>		27. Birthplace of Mother <b>unknown</b>			
I certify that the above stated information is true and correct to the best of my knowledge.		28. Signature of Informant <i>Mrs Clois Fincher</i>				29. Date of Signature <b>May 7, 1946</b>			
30. Immediate Cause of Death <i>Heart failure from pneumonia</i>								Duration	
30. Due to <i>Aspirin</i>								Duration	
30. Due to								Duration	
32. Other Conditions (Include pregnancy within three months of death)									
33. Major Findings of Operations					34. Major Findings of Autopsy				
35. Accident, Suicide, or Homicide (Specify) <i>Accident</i>		36. Date of Occurrence <b>5/7/46</b>		37. Where did injury occur? (City or town, parish and state) <i>at home</i>					
38. Did injury occur at or about home, on farm, in industrial or public place? (Specify type of place) <i>Home</i>				39. Did injury occur at work? (Yes or No) <i>No</i>		40. Means of Injury <i>Ignorant</i>			
41. I certify that I attended the deceased from _____ to _____		and that death occurred on the date and hour stated above.		42. Signature of Physician <i>Dr. J. C. ...</i>				43. Date of Signature <b>5/8/46</b>	
44. Burial or Cremation Removal <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation		Date Thereof <b>5-8-1946</b>		45. Place of Burial or Cremation <b>Greenwood Cemetery</b>		46. Signature of Funeral Director <i>Osborn Funeral Home</i>		47. Signature of Local Registrar <i>W. B. ...</i>	
48. Burial Transit Permit Number <b>45-911</b>		49. Parish of Issue <b>Caddo</b>		50. Date of Issue <b>5-8-1946</b>					