

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

37141

Do not use this space.

1. PLACE OF DEATH
- (a) County Wright Registration District No. 1122
- (b) Township Clark Primary Registration District No. 6226 Registered No. ....
- (c) City ..... (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St. ....
- (e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME MARY M. FINDLEY
- (a) Residence, No. .... St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John B Findley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4-1864</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>4</u>
		DAYS <u>5</u>
	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>Sept 1936</u>	11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rome Tenn</u>		
FATHER	13. NAME <u>Henderson Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Martha Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Anna B. Findley Manfield Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Findley Care</u>	DATE <u>Oct 11</u> 19 <u>38</u>
19. FUNERAL DIRECTOR (ADDRESS) <u>W.A. Bluff Manfield Mo</u>		
20. FILED <u>11-3</u> 19 <u>38</u> <u>Roy G. Burnett</u> <u>by Mrs. Roy Burnett</u> Local Registrar Deputy		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to 10-9, 1938  
I last saw him alive on 10-5, 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Tuberculosis of Lungs Date of onset new year

Other contributory causes of importance: no

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....  
(Signed) J.A. Larson M. D.  
(Address) Manfield

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

RECEIVED

District Health Officer No. 6,

District File Number 6-38-604

Date Filed Nov 10 1938

STATEMENT BY LICENSED EMBALMER

I, W. A. Stoffe Licensed Embalmer No. 3221

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed W. A. Stoffe  
Licensed Embalmer No. 3221

**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.)**