

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 11 1940

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

5914  
Do not use this space.

1. PLACE OF DEATH

(a) County Burke Registration District No. 85  
 (b) Township 3 Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. St. Joseph #2 St. St.  
 (If death occurred in hospital or institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 534 John Findley St. Gallatin, Mo.  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 4 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) Jan 14, 25 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lower

FATHER 13. NAME Alphonse J. Findley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Myrtle van Dyke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) St. Joseph Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin DATE 2-2 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hoppe Funeral Home, Gallatin

20. FILED Feb 1, 1940 H. G. Neettlebeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1940 to Feb 1, 1940  
 I last saw him alive on 1-31, 1940 Death is said to have occurred on the date stated above, at 7:30 AM.  
 The principal cause of death and related causes of importance were as follows:

Post operative atelectasis Date of onset 2-1-40  
124 W

Other contributory causes of importance: Myocardial infarction 1-31-40

Name of operation Myocardial Date of 1-9-40  
 What test confirmed diagnosis Chival Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) L. J. Herwell M. D.  
85 (Address) St. Joseph #2

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**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 *L. O. Richesson*

Licensed Embalmer No. *3302*

P. O. Address *Gallatin, 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, above space should be left blank.**