V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1942

Registration District No. 639

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11519

Primary Registration District No. 4383

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Chamois Tum
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 76

(a) State Mo (b) County Osage

(c) City or town Chamois 0
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME MRS. KITTY E. FINDLAY

8. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Alexander Findlay

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Nov (Month) 28 (Day) 1867 (Year)

8. AGE: Years 74 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Osage County (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Wm Ferguson
13. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Fanny Reynolds
15. Birthplace Auknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Alexander Findlay
(b) Address Chamois, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 24, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City

18. (a) Signature of funeral director H. L. Gordon
(b) Address Jefferson City Mo

19. (a) Feb 25 1942 (Date received local registrar) (b) Esther Souder (A.R.S) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1942 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from 2-24-42, 19, to 2-24-42, 19
that I last saw her alive on 2-24-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy of Brain

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

830

Major findings:
Of operations

Of autopsy None

Duration

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? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. U. McKnelly (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Louis Ziegler

Licensed Embalmer No. 4096

P. O. Address Jefferson City, 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.