

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22550

State File No.

Registration District No. 903

Primary Registration District No. 21547

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Ellenpales Rural
(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 20 yrs years, months or days)

3. (a) PRINT FULL NAME WILLIAM VALENTINE FINDLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah T. Findley 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased. June 19 1861 (Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Albany (City, town, or county) MO (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name James A Findley

13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)

14. Maiden name Elizabethatcher

15. Birthplace Franklin Co. Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Archie Findley

(b) Address Ellenpales, Mo

17. (a) burial (b) Date thereof 7-1-42 (Month) (Day) (Year)

(c) Place: burial or cremation High Cem.

18. (a) Signature of funeral director Arch C Duffee

(b) Address Franklin City, Mo.

19. (a) July 4, 1942 (b) Arlene Scadden (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Worth
(c) City or town Rural, Allen Township (If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-2-42 to June 29 1942

that I last saw him alive on June 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration of heart Duration 10 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92 lb

Major findings: Of operations _____

Of autopsy no

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 Arline Scadden (M.D. or other)

Address Franklin City, Mo Date signed 6-30-42

(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.....

Arch C. Dumble

Licensed Embalmer No. *3252*

P. O. Address.....

Grant 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, fact should be so stated above.