FILED AUG 12 1942
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23371

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2847

48 3 8

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2023 College (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 27 years
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 2023 College (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME: JAMES B. FINDLEY
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edna B. Findley
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: Sept 2 - 1854 (Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 24 If less than one day hr. min.

9. Birthplace: Fayette Co (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: Retired Ins. Salesman
11. Industry or business
FATHER
12. Name: Hugh Findley
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Edna B. Findley
(b) Address: 2023 College
17. (a) Remains (Burial, cremation, or removal) (b) Date thereof: July 29 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Mound Kansas
18. (a) Signature of funeral director: George E. Carson
(b) Address: Independence, Mo
19. (a) 7-28-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1942 hour 6 minute 15 a.m.
21. I hereby certify that I attended the deceased from 4-29 1942, to 7-25 1942, that I last saw him alive on 7-25 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis Chronic — Duration 1 year
Due to: Senility 131B
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Amy L Brown (M. D. or other)
Address: 9637-E 29-KC Mo Date signed: 7-26 42

361 (Licensed Embalmer's Statement on Reverse Side)

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

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 George C. Carson

Licensed Embalmer No. 2249

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
OM—8-21-41
I X29288

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1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 2023 College
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 27 yrs.

3. (a) PRINT FULL NAME: James B Findley

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

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

6. (b) Name of husband or wife: Edna 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Sept 7 (Month) (Day) [illegible] (Year)

8. AGE: Years 87 Months 10 Days 28 (If less than one day) ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER

12. Name .....

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

14. Maiden name .....

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

16. (a) Informant .....

(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)

(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) 9/10/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town ..... (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 July Day 26 year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (c) Means of injury .....

23. Signature Amy E Brown (M. D. or other)

Address 2637 E 29th St Date signed .....

SUPPLEMENTARY