

FILED AUG 10 1942

Registration District No. 374

Primary Registration District No. 6272

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County North  
 (b) City or town Rural, Allen  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Denner (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BENJAMIN DUANE FINDLEY

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 5 1926  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>16</u>	<u>2</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Ben Findley

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

14. Maiden name Jessie Spillman

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

16. (a) Informant Jessie Findley

(b) Address Denner, Mo.

17. (a) Rural (b) Date thereof 7-24-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of medical director Frank H. Rose

(b) Address Franklin City, Mo.

19. (a) July 26 1942 (b) Arlope Seader  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
 year 1942 hour 3:00 minute 3:00 P.M.

21. I hereby certify that I attended the deceased from 7-22-42  
7-22-1942 to 7-22-1942  
 that I last saw him alive on 7-22-42, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate Duration ? years

Due to \_\_\_\_\_

Due to not walked for 3 yrs. 13 yrs.  
 Other conditions Post meningitis cripple  
 (Include pregnancy within 3 months of death)

Major findings: Of operations 518  
 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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Frank H. Rose (M. D. or other) M.D.  
 Address Elbany, Mo. Date signed 7-23-42

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

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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.....

*Arch C. Duffee*

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.**