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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 93

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Hudson Twp (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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade 37

(c) City or town ~~Macon~~ Gasconade 0 (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 No 1

3. (a) PRINT FULL NAME John A. Findlay

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased March (Month) ? (Day) 1902 (Year)

8. AGE: Years 40 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name Robert Findlay
13. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Rhoda Harris
15. Birthplace Osage Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant James Findlay

(b) Address Washington Mo

17. (a) burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/14/42 (Month) (Day) (Year)

(c) Place: burial or cremation Gasconade City Cem

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon Mo

19. (a) 11/2/43 (Date received local registrar) (b) Nora B. Hunckler (Registrar's signature)

1037 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1942 hour 6 minute A M.

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

	Duration
Immediate cause of death STRANGULATION by HANGING	
Due to tied one end of belt around neck and other end around	
Due to head of bed Rolled off bed to floor.	
Other conditions Patient at Still-Hildreth Sanatorium (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy	

164a

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) Suicide

(b) Date of occurrence 10-12-42

(c) Where did injury occur? Macon (City or town) Macon (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Still-Hildreth Sanatorium (Specify type of place)

While at work? Patient (e) Means of injury Hanging

23. Signature A. E. Edwards Coroner (Dr. or other)

Address Bevier Mo 2 Date signed 10/12/42

Berger, Mo

RECEIVED
District Health Officer No. 10
District File Number 11-42-2074
Date Filed NOV 16 1942

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.