

S. No. 2
M-542
1-17-39
X3277

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24178
Registrar's No. 175

Registration District No. 1

Primary Registration District No. 3000

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution: Stickler Hospital
(d) Length of stay: In hospital or institution 2 days
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville
(d) Street No. 601 W. Gardner
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Charlie A. Findling
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Findling
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Feb. 4 1872

8. AGE: Years 71 Months 4 Days 25
If less than one day hr. min.

9. Birthplace Adair Co Missouri

10. Usual occupation Veterinary

11. Industry or business

MOTHER FATHER { 12. Name Joseph Findling
13. Birthplace Unknown
14. Maiden name Louiza Waggoner
15. Birthplace Unknown

16. (a) Informant William H. Findling

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 6/30/43

(c) Place: burial or cremation Mulberry Cemetery

18. (a) Signature of funeral director SEE SIGNATURE

(b) Address Kirksville, Mo.

19. (a) 7/2/43 (b) Mrs. J. Wagner

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1943 hour 3:00 minute A: M.

21. I hereby certify that I attended the deceased from June 27, 1943 to June 29, 1943
that I last saw him alive on June 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Due to Injury of bowel
about 20-30 mks. before
struck in abdomen
by cow

Other conditions None
Major findings:
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? ✓
23. Signature R. Stickler (M. D. or other) MD
Address Kirksville Mo Date signed 7-3-43

RECEIVED

District Health Officer No. 10

District File Number 7-43-1187

Date Filed JUL 30 1943

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 *D. DeChiluf*
Licensed Embalmer No. 4181
P. O. Address *East Alleme*

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.

Registration District No. 1

Primary Registration District No. 2000

Registrar's No. 176

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kempville
 (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 _____ years, months or days)

3. (a) PRINT FULL NAME Charles A. Fudling
 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 _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 4 1904
 (Month) (Day) (Year)

8. AGE: Years 39 Months 4 Days 13 Unless than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (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 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death peritonitis Duration _____

Due to Injury of bowel of food 2-13 weeks before
 Due to 6 inch in abdomen
 Other conditions by car
 (Include pregnancy within 3 months of death)

Major findings: Of operations 1756-8
 Of autopsy 3

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) accident
 (b) Date of occurrence June 7, 1943
 (c) Where did injury occur Adair MO (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? on a farm, kicked by cow
 While at work? yes (Specify type of place) (e) Means of injury cow
 23. Signature R. Sticksler (M. D. or other) MD
 Address Kempville MO Date signed _____

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

SUPPLEMENTARY

S-24178