S. No. 2
0M—2-43
y. 5-17-39
P I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

Registration District No. 253

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3781

Primary Registration District No. 4383

Registrar's No.

74
0
0

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Graham
(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 ____ In this community: 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Graham
(If outside city or town limits, write "RURAL") 0
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Eldon Marshall Finley Findley
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
6. (b) Name of husband or wife: Vida Elizabeth
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: June (Month) 15 (Day) 1881 (Year)

8. AGE: Years 62 | Months 5 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace: Blandensville, Ill / (City, town, or county) (State or foreign country)
10. Usual occupation: Medical Doctor
11. Industry or business: Findley
FATHER
12. Name: Dr. WM. Joseph Finley
13. Birthplace: Blandensville Ill / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Martha Hardisty
15. Birthplace: Blandensville Ill / (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Vida E. Finley (Findley)
(b) Address: Graham Mo.
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation: Auburn Neb. Price Funeral Home
18. (a) Signature of funeral director: ?
(b) Address: Maryville Mo.
19. (a) Jan-31-44 (Date received local registrar) (b) Mrs Ralph Hurst (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1943 hour 9 minute 15 A. M.
21. I hereby certify that I attended the deceased ~~from~~ on Feb 15, 1943 ~~to~~ on Nov 18, 1943 that I last saw him alive on Nov 18, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: ✓	
Due to: 9 4 a	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: None	

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 ____
23. Signature: E. L. Morgan 0 (M. D. or other)
Address: Graham, Mo Date signed 1-28-44

1270 (Licensed Embalmer's Statement on Reverse Side)

FEB 16 19

MAR 25 1958

MAY 19 1958

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.