

S. No. 2
OM-5-43
v. 5-17-39
I X36671

31309

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 15

FILED OCT 11 1944
Registration District No. 202

Primary Registration District No. 5732

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Rural Easley 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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Macon
(c) City or town Rural
(d) Street No. West of La Plata Mo
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Findling
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September 11
year 1944 hour 7 minute 30 P.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.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Leopold Findling
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 22 1852
(Month) (Day) (Year)

Immediate cause of death Found dead, Coronary Thrombosis
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
92 5 20 hr. _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Charley Mabis

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

14. Maiden name Elizabeth Amous

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

16. (a) Informant Mrs. G. F. Findling

(b) Address Lacrosse Mo

17. (a) Burial (b) Date thereof Sept 13 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indian Hill

18. (a) Signature of funeral director M. M. Collins
(b) Address South Gifford Mo

19. (a) Sept 13-44 (b) Minnie Freed
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Richard J. Maxwell (M. D. or other) _____
Address La Plata, Mo Date signed 9/14/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

1038

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-44-1679
Date Filed OCT 7 1944

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 *M. H. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.