

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 22 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31988

Registration District No. 374

Primary Registration District No. 627.24546

State File No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Worth
(b) City or town Denver Allen
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution none
(Specify whether
In this community 72 yrs
years, months or days)

3. (a) PRINT FULL NAME WILLIAM MILTON FINDLEY

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 married
6. (b) Name of husband or wife Roberta Findley 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July 29 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months - Days 7 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Garnette Findley
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Sarah Groome
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Charles Findley
(b) Address Grant Livy MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8 1944
(Month) (Day) (Year)

- (c) Place: burial or cremation Miller Cemetery
18. (a) Signature of funeral director Bram Brod
(b) Address Denver MO

19. (a) Aug 15-1944 (b) Delene Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Worth 113
(c) City or town Denver MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1944 hour 2 minute A.M.
21. I hereby certify that I attended the deceased from March 5, 1944, to Aug 6, 1944,
that I last saw him alive on Aug 5, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
of unknown

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92 f

Major findings: Of operations _____
Of autopsy no

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 Dr. H. S. O'Dell (M.D. or other)
Address Grant Livy MO Date signed Aug 9 44

JAN 8 1957

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.....

J. O. Braun

Licensed Embalmer No. *2747*

P. O. Address *Denver, 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.