S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1944

Registration District No. 8

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3012

State File No. 37489

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
323 E. Excelsior St.
(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 Clay

(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 323 E. Excelsior St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Edna Mae Findley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Andrew Findley

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August (Month) 27 (Day) 1885 (Year)

8. AGE: Years 59 Months 2 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Loven Marriott
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Winnifred Frances Ritchie
15. Birthplace Versailles (City, town, or county) Missouri (State or foreign country)

16. (a) Informant R. J. May
(b) Address 936 E. Rothstein K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation xxxx Masonic Cemetery

18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs

19. (a) 11-13-44 (Date received local registrar) (b) Miss Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9th year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from June, 1944 to Nov 9, 1944; that I last saw her alive on Nov. 8, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	4 or 5 days
Due to	
Due to Pernicious anemia	2 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 33 b	
Of autopsy	

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 S R M. Crockett (M. D. or other) MD

Address Excelsior Springs Mo Date signed 11/9/44

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 8,
Filo Number
Filed 12-7-44

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 Earl Rapp

Licensed Embalmer No. 034578

P. O. Address Ex. Spgs. 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.