

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38852

FILED DEC 13 1945

Registration District No. 374

Primary Registration District No. 0275

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Allendale R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Prudy Fern Findley

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Findley 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased October 30 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 11 28 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Seth Howry
13. Birthplace Berlin Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Prudy Jones
15. Birthplace Gentry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Findley

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof Oct 31 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandy Cemetery

18. (a) Signature of funeral director W. H. Jones

(b) Address Albany, Mo.

19. (a) Nov 10 1945 (b) W. H. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1945 hour 9 minute 2 M.

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

Due to Coronary Occlusion

Due to

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature Bentley Neal (M. D. or other) 20
Address Grant City, Mo. Date signed 11/3

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

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clifford Burke
Licensed Embalmer No. 3329
P. O. Address Albany 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.