

FILED MAR 8 1946

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Mo. Methodist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 days** (Specify whether
In this community **56 yrs** years, months or days)

3. (a) PRINT FULL NAME **Clyde William Findley**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color of race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Clara Maude Findley** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **April 3 - 1889** (Month) (Day) (Year)

8. AGE: Years **56** Months **10** Days **4** If less than one day hr. min.

9. Birthplace **De Kalb** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Harry M Findley**

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

14. Maiden name **Stella May Flowers**

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

16. (a) Informant **Mrs. Clyde Findley**

(b) Address **Osborn, Mo.**

17. (a) **Removal** (b) Date thereof **2-27-46** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osborn, Mo.**

18. (a) Signature of funeral director **Stewartville Mo.**

(b) Address _____

19. (a) **March 2, 1946** (b) **H. J. Mittelbach** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **DEKALB 32**
(c) City or town **Osborn** **RURAL, 0**
(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 **Feb** day **27** year **1946** hour **6** minute **30A** M.

21. I hereby certify that I attended the deceased from **Feb. 16** 19**46** to **Feb. 27** 19**46** that I last saw him alive on **Feb. 27** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis Sudden Coronary Heart Disease** Duration **8 mos.**

Due to **Acute perforated appendicitis 1 day**
Due to **(10 days post operative)**

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

Major findings: **Perforated appendix** **PHYSICIAN**
Of operations **Feb. 16-46.** Underline the cause to which death should be charged statistically.
Of autopsy **not done 12/1**

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)
(e) While at work? _____ (e) Means of injury _____
23. Signature **H. J. Mittelbach** (M. D. or other) **0**
Address **St. Joseph Mo.** Date signed **2-27-46**

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

3041

MAY 20 1946
APR 17 1946

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. J. Brown

Licensed Embalmer No.....

952

P. O. Address.....

Stewartsville 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.