

FILED MAR 8 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 217

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1317 North 20th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not (Specify whether)
In this community 58 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street-No. 1317 North 20th. Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherine Findley

3. (b) If veteran, name war No 3. (c) Social Security No. 491-09-6670

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced. Widow

6. (b) Name of husband or wife Charles Findley 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 1 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Machine Worker

11. Industry or business Smith Brothers Mfg. Co.

12. Name John Geib

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

14. Maiden name Elizabeth Schumacher

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

16. (a) Informant Paul A. Findley
(b) Address 1119 No. 26th. St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 2/20/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri.

19. (a) Feb. 21, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18th.
year 1946 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 18
1946 to Feb 18 1946
that I last saw her alive on Feb 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage
arterial sclerosis
Due to arterial sclerosis
Due to arterial sclerosis
enlarged heart
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy [Signature]

Duration
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 [Signature] (M. D. or other) _____
Address [Signature] Date signed Feb 19 1946

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

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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 *Albert B. Harrington*

Licensed Embalmer No. *3258 Missouri*

P. O. Address *St. Joseph, Missouri.*

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.