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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED JAN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11529**

Registration District No. **264**

Primary Registration District No. **43955891**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County **Ozark**
(b) City or town **Bridges Twp. rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(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 **Ozark**
(c) City or town **Hammond-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.....

3. (a) PRINT FULL NAME **Dale Edwin 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 **Single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased **December 25 1946**
(Month) (Day) (Year)

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

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

10. Usual occupation **Infant**

11. Industry or business.....

MOTHER FATHER

12. Name **J.W. Findley**

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

14. Maiden name **Ruth E. Vickers**

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

16. (a) Informant **J.W. Findley**

(b) Address **Hammond, MO**

17. (a) **Burial** (b) Date thereof **12-27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Thornfield Cem.**

18. (a) Signature of funeral director **Friends**

(b) Address.....

19. (a) **12-28-46** (b) **Camela Trump**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **26**
year **1946** hour **5** minute **35** A.M.

21. I hereby certify that I attended the deceased from **December 25, 1946** to **Dec 26, 1946**
that I last saw him alive on **Dec 26, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Fetal atelectasis**

Duration

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy **161A**

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?.....

White at work?..... (Specify type of place) (c) Means of injury.....

23. Signature **M. Hoerrman** (M.D. or other) **LD**

Address **Hammond, MO** Date **Dec 27, 1946**

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

RECEIVED

District Health Officer No. 6;

District File Number 147-89

Date Filed JAN 13 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.