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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32882

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 3989

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3132 AGNES AVENUE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 35 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL") 1
(d) Street No.: 3132 AGNES AVENUE (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME: MR. JOSEPH FRANKLIN FINDLEY
3. (b) If veteran, name war: No
3. (c) Social Security No.: NONE
4. Sex: MALE D
5. Color or race: WHITE
6. (a) ~~Single, widowed~~, married, ~~divorced~~: MARRIED
6. (b) Name of ~~husband~~ or wife: MRS. MONTIE N. FINDLEY
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: JUNE (Month) 19 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
61	3	10	hr. min.

9. Birthplace: BLUE MOUND (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation: INSURANCE REPRESENTATIVE
11. Industry or business: PRAETORIANS & MACCABEES INS. CO.
MOTHER FATHER
12. Name: JAMES B. FINDLEY
13. Birthplace: FAYETTEVILLE (City, town, or county) ARKANSAS (State or foreign country)
MOTHER
14. Maiden name: NANNIE DEATLEY
15. Birthplace: LEBANON (City, town, or county) INDIANA (State or foreign country)
16. (a) Informant: MRS. MONTIE N. FINDLEY
(b) Address: 3132 AGNES AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: OCTOBER 1 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: FOREST HILL CEMETERY
18. (a) Signature of funeral director: D.W. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.
19. (a) 10-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th year 1948 hour 3:35 minute A. M.
21. I hereby certify that I attended the deceased from June 25 1948, to Sept. 29 1948, that I last saw him alive on Sept. 29th 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Dilatation of Heart
Due to: General toxemia of Dropsy
Due to: Cirrhosis of Liver, Selerosis of Kidneys
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: 124.5
Of autopsy

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? (Specify type of place) 2
While at work? (e) Means of injury

23. Signature: O. Raymond Larson (M. D. or other) M.D.
Address: 5051 Troost Ave. Date signed 9-29-48

(Licensed Embalmer's Statement on Reverse Side)

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 D. J. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City, M

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.